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126		RTIFICATE O	F DEATH	State F	lie Number
Local File Numb	er Firet		Last	DATE OF DE	ATH (month, day, yezr)
DECEASED-NAME	CHPI CARACTER	4.10	CANE	2 JULY	2, 1980
JAMES RACE White, Black, American J	ndian, SEX	AGE-Last		Under 1 day DATE OF BI	10 1030
etc.(specify)	2013年1月1日日本 1月1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日	binhday (yeers) Sa 57	50	50 6 OCTO	DBER 10, 1922 (IF NOSP, OR INST. Indicate OP/Emer. Rm., Inpatient IS
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13 490-07-9101 RESIDENCE-STATE		CITY, TOWN, OR LOCA		S NOVENTER HIWA	V (specify yes or no)
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STATE OF OREGON COUNTY OF MULTNOMAH

9 1980 JUL Date

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multhoman County Department of Human Services.

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James J. Meallister REGISTRAR OF VITAL STATISTICS

SEAL Return to; Key Title 190 E. 11th Eugene, Or 97401

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STATE OF OREGON: COUNTY OF KLAMATH: SS.	11th day
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Filed for record at request of 85at9:37	o'clock AM., and duly recorded in Vol
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