	Local File Nu		and the second sec		iit 🤉 👋 F		ite File Number	
	CRABED NAME	Frat CTA	Midde P.	STUAR	na na si Anna si	DATE OF D	ober 26. 19	85
CECCECCECCECCECCECCECCECCECCECCECCECCEC	CE White, Black American India (specify) White	4 Female	AGE-Last birthde (years) 5a 84	iny Unclea	r 1 year Under days hours Sc	s Jun	ne 27, 1901	<b>)</b> 1
7a	N. TOWN ON LOCATION OF O Klamath Falls	MORPITAL OR (If not in either, 75 K Lama	give street and number)	NAME	Cont Prios	SP OR INST. Indicate DO Wr., Am., Inpatient (Speci Inpatient	7d Klama	th
DENT NWO	ATE OF BRITH (If not in USA, ne country) Oregon	9 U.S.A.	MOOWE	D, NEVER MANNEE ED, DIVORCED (spec	D, SPOUSE(⊮ city) ClectlA	MARRIED, WIDOWED)	WAS DECEDENT ARMED PORCES	EVEN 7   Spec
ND800K ND800K	CIAL SECURITY NUMBER 541-22-1433	of working life	e. even if refired) nemaker	work done during mo	Nind 14b	OF BUSINESS OF INC	DUSTRY	
CE ITENS	Dregon	156 Klamath	15c Klamath	DEATION S	TREET AND NUMB	ER OR R.F.D., ZIP	97603-	Inside (spec 15e 1
FAT RT	nen-NAME tust mi	an de Carr 17	Florence Eu	e last (Maic	den Name) INFOR	MMANT-NAME and rel	lationship to deceased	
Bui REI	RIAL, CREMATION, MOVAL, MAUE. (specify) Rutrial	Klamoth	Momonial D	Donk	<u></u>	LOCATION	city or town	
SIIION PU	WERAL SERVICE LICENSEE OF	Port Anting As Such	Hair's Fun	of FACILITY ieral Chap		515 Pine S		
	Lethe best of my knowled due to the cause(s) stated	Coatty occurrent as proving	e, date and place and		TE SIGNED (460	ay. Y?]	HOUR OF DEATH	1
IFIER	NAME AND ADDRESS OF	CERTIFICA [Type or Phun] Casey, M.D.	, 2580 Can	<u> </u>	Na da		210	
Lots Centry	NAME OF ATTENDING PH	IYSKIAN IF OTHER THAN C	승규는 이 것 같은 것이 있었다. 이 집 것 같은 것 같은 것 같은 것 같은 것 같이 없다.					
ANY DA	21e ITE RECEIVED BY REGISTRAR		REGISTRAR					
EDIATE 21	INIMEDIATE CAUSE	IENTER OW	220 (Signature)	VE FOR (a), (b); AN	9 (d.)		Interval Datuman	onset :
REVING ELAST	(a) (AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		<u>nore</u>	energi energi Territoria	n an the second se			Conset a
	(b) DUE TO, OR AS A CONSEQUE	INCE OF:		<u>ales de la compo</u> sión Alexande acomposito de la composito de la compo	<u>er Baldes (d. 1</u> Restaur		Interval behaveon	onset :
T	(C) OTHER SIGNIFICANT CON	DITICHS-Conditions contrib	line ton tud ritest of grift	letted to cause given	in PART I (a)	UTOPSY [Specify Yes	WAS MEDICAL EXA	MINER
	#DENT [Soecily Yes or No] DA				E HOW INJURY OCC	NO NO	(Specify Yes or Ab) 25	Y
26a NJ	291 JRY AT WORK PLAC	ib CE CF INJURYAt home, fa	26c	M 26d			TTY OR TOWN	TATE
250		e building, etc. (Specify)		26g		C		c
		्	DRIGINAL - VIT	AL STATISTI	CS COPY			
		MER E						45-2
Start Street Starting of	EE OF OREGON							
ean.	nty of <u>Klamath</u> This certifies	s that the for	egoing is a	correct a	nd comple	te transcri	pt	
	of a record o Realth Servic	of death on fi	le with the .	<u>Klamath</u> C	<u>County De</u>	epartment o	Ì	
			MARIAN .	ACKERMA	N, Regist	trar Vital S	Statistics	
Ì	· · · · · · · · · · · · · · · · · · ·		By 🗙	Etan.	Elian.	Les Deput	y Registrar	•
			Date VOID IF	ALTERED				
		WTHOUT A R	a the United Statistics	Contraction of the second second	KLAMA1	'H CO. DE	PARTMENT	
TATE OF O	REGON: COUNTY	OF KLAMATH:	SS.	 20102	an a	a na na stantan di 2000. Na s		
and the second second second	ord at request of					the 18th		
iled for rec		· · · · · · · · · · · · · · · · · · ·					20 S S S S	4.0
		., 19 <u>85</u> at <u>2</u> Deeds	2:13 o'cloo	ck <u>P</u> M., on Page	and duly rec 18633	orded in Vol	M85 day	۲ •
iled for reco f <u>Noven</u> EE \$5.00	A.D. of		E	ck <u>P</u> M., on Page Svelyn Biel By	18633	corded in Vol	02	