

DATE OF DEATH		February 29, 1924	
PLACE OF BIRTH (Country, State, County)		Klamath Falls, Oregon	
DECEASED'S OCCUPATION		Homemaking	
NAME OF PERSON OR FIRM TO WHOM BODY DELIVERED		Fredrick B. Hadlock	
CITY, TOWN OR VILLAGE		Klamath Falls	
STREET AND NUMBER OR R.F.D., ZIP		1224 Laverne Street 97601	
INTRA CITY LIMITS (Specify Yes or No)		No	
IMPORTANT - NAME and relationship to deceased		Fredrick B. Hadlock, husband	
LOCATION city or town state		Klamath Falls, Oregon 97601	
INTERVIEWED (Yes; Day, M)		21c 4:40 P M	
HOUR OF DEATH			
NAME OF CERTIFYING PHYSICIAN		Campus Drive, Klamath Falls, Oregon 97601	
NAME OF ATTENDING PHYSICIAN			
DATE RECEIVED BY POSTMASTER (Month, Day, Year)		APR 1 1924	
INTERVAL BETWEEN ONSET AND DEATH		6 hours	
INTERVAL BETWEEN ONSET AND DEATH			
INTERVAL BETWEEN ONSET AND DEATH			
AUTOPSY (Specify Yes or No)		No	
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		No	
STREET OR R.F.D. NO.		CITY OR TOWN STATE	

Foregoing is a current and complete transcript of a
re with the Klamath County Department of Health Services.
 MARDAN ACKERMAN, Registrar

By [Signature] Deputy Registrar
Date APR 11 1982
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH- ss.
Filed for _____

A.D., 19 85 at 4:19 o'clock P M., and duly recorded in Vol. M85 day
of Deeds on Page 18976

FEE \$5.00

By Evelyn Biehn, County Clerk

By