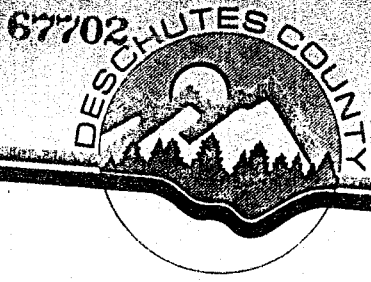


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Deschutes County Health Department

409 N.E. Greenwood Avenue/Bend, Oregon 97701/(503)388-6616

OREGON STATE BOARD OF HEALTH  
Vital Records Unit

CERTIFIED ABSTRACT OF DEATH RECORD

Local File Number 84

Date Received Feb. 10, 1986  
a. (First) \_\_\_\_\_  
b. (Middle) \_\_\_\_\_  
c. (Last) \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

2. PLACE OF DEATH  
County Ruth

CITY Bailey  
(If outside corporate limits,  
or TOWN write RURAL location)

3. FULL NAME OF HOSPITAL (If not in hospital or institution, give street  
OR INSTITUTION Deschutes Bend  
Central Oregon Health Care Center  
or location)

4. DATE OF DEATH (Month) (Day) (Year)  
February 9, 1986

5. NAME OF HUSBAND  
or WIFE Ralph A.

STATE OF OREGON  
County of Deschutes

This certifies that the foregoing is a correct transcript of a part of a  
record of death on file with the Vital Records Unit, Deschutes County  
Health Department.

5/86  
388

REGISTRAR

By Jacqueline Matheis, Dep. Date 10-29-86

VOID IF ALTERED

Ret. MTC

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_  
of October A.D. 19 86 at 4:52 o'clock P M., and duly recorded in Vol. M86  
of \_\_\_\_\_ Deeds on Page 19870

FEE \$5.00

Evelyn Biehn, County Clerk  
By [Signature]