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TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT IF DEATH OCCURRED IN INSTITUTION REGARDING COMPLETION OF RESIDENCE ITEMS SEE HANDBOOK

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH CAUSE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

STATE OF OREGON OREGON STATE HEALTH DIVISION DEPARTMENT OF HUMAN SERVICES Vital Records Unit CERTIFICATE OF DEATH

Form with fields for DECEASED NAME (George Auxier MYERS), DATE OF DEATH (November 1, 1987), DATE OF BIRTH (July 31, 1897), RESIDENCE (Klamath Falls, Oregon), and SIGNATURES.

ORIGINAL - VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR

DATE ISSUED NOV 2 1987

Marian Ackerman MARIAN ACKERMAN COUNTY REGISTRAR KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Proctor & Fairclo, Attorneys at Law of November 8, 1987 at 3:39 o'clock P.M., and duly recorded in Vol. M87 on Page 20464. Ret: Proctor & Fairclo, Attorneys at Law 280 Main St. Klamath Falls, Ore. 97601

FEE \$5.00

