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			STATE OF	OREGON	on.			
1	B-3474	\neg	DREGON STATE H EPARTMENT OF I	IEVIAH DIVIDI	CES			\neg
1.	ID TAG NO.	Di	EPARTMENT OF I	ords Unit				1
	416		CERTIFICAT	E OF DEAT	Ή		(month, day, year)	
TYPE OR PRINT	Local File Number	er	Middle	Last		Novembe	r 1, 1987	
IN PERMANENT	DECEASED - NAME	rah	Millie	DUPONT	Under 1 day	DATE OF BIRTH	(month, day, year)	
BLACK	RACE White, Black, American Indian.	etc SEX	AGE - Last birthday (ye	mos days	hours min.	6 December	county of DEAT	19
FOR	Ispecify + e	, remare	1 70		IF HOSP, OR IN OP/Empr. Rm.	Industrial Control of the Control of	Klamati	1
HANDBOOK	CITY, TOWN ON LUCATION OF	Merle V			7c PINET	D. WIDOWED)	THE PROPERTY S	VED IN U.S.
	Klamath Falls	CITIZEN OF WHAT CO	WARRIED, NE WIDOWED, DI	VQRCED (specity)	Walton	J_	ARMED FORCES?	
DECEDENT	name country)	, U.S.A.	DATION (Give kind of worl	done during most of	KIND OF BUS	INESS OR INDUS	TAY	•
OCCURRED IN	SOCIAL SECURITY NUMBER	working life, et	gewife			emaking a.r.o. zip 97	633	Inside City Limits
INSTITUTION. SEE HANDBOOK REGARDING	13 563-24-5062	COUNTY TAN TOU	CITY, TOWN OR LOCAL		AND NUMBER OR	. 2		(specify yes or no)
COMPLETION OF RESIDENCE ITEM	RESIDENCE - SIATE	Klamath	15c Merrill	tast (Maiden Na	O. Box 21	NAME BUT ION	tionship to decease	3
	FATHER - NAME first mid	idle last MOTE	HEA - first middle	Ross	18 Walto	on J. Dupo	ont, husba	nd state
	Charles Arthur	THE TERY OF CREMA	TORY - NAME		1000	LOCATION	oth Falls.	Oreg 97603
	BURIAL CREMATION. REMOVAL, MAUS. (Specify)	1	u: 17a Cremato	ory	montle Ch			
nispositio	19a Cremation FUNERAL SERVICE LICENSEE Q (Signatury)	person acting as such	MAME AND ADDRESS OF	FACILITY DAVEL	et. Klama	th Falls,	Oregon 97	7603-7194
UIVI CARRO	15 ignatury silliam 7.	Navagor	20b 6420 South	DATE SIG	GNED (Mo., Day, Ye	27)	HOUR OF DEATH	A_M_
2	To the best of my knowledge due to the cause(s) stated	ge, death occurred at the in		215	November 2	, 1987	21c 9:30	- 23 m
~ 3 				767 eth]	ralls. Ore	gon	^{zip.} 9760	1
W(03311313				, Klamatti	Carrie Ca	9		
STATE OF THE OWNER, TH	NAME OF ATTENDING P	K. Magee, 190	N CERTIFIER (1) po o	· ·				
CONDITION	DATE RECEIVED BY REGISTRA	R (Mo., Day, Year)	REGISTRAR	20:1.00	1. Ra	4.11		
IF ANY	ve I NUV 3 I	1301	22b (Signature)	yenes	e yu	7//	Interval betwe	en onset and death
RISE TO IMMEDIAT CAUSE	E 22a IMMEDIATE CAUSE	[ENTER ONLY	ONE CAUSE PER LINE F	OH (a), (b) AND 1077	·	0	mine	een onset and death
STATING T	HE PART (1) Cod	- dra-	ama				Jou	n
CAUSE LA	ST DUE TO, OR AS A CONSEQ	it hunder	hid defor	cfron			Interval betw	een onset and death
-	DUE TO, OR AS A SONSEC	DUENCE OF:	- Olman B	in Pulm		iscore	-ype	XAMINER NOTIFIED
CAUSE	/ .	per Chom	e U U 44 - G	related to cause given in	PARTI(a) AUTO	NO	(Specify Yes or I	Yes
DEAT					10W INJURY OCCI		25	
		DATE OF INJURY (MO., Day	y. Year) HOUR OF INJUR		and brok	ce ankle ((right)	
5		26b October 24		LOCATION	STREET OR	R.F.D. NO.	ITY OR TOWN	STATE Oregon 9763
]	INJURY AT WORK	Home to to	• • • • • • • • • • • • • • • • • • •		Lake Road	1, PETTIL	-,	oregon 9763
	260 NO 2	IVE MAKE REQUEST FOR	ANATOMICAL GIFT CON	SENT? W	SO NOD	N/A 🗆		
	VES NO NO NALL							
	RESERVED FOR REGISTRAR							43-2 Flyv 8-80
			ORIGINAL - VI	TAL STATIS	TICS COPY			
	مدوور	rn to:						
Up	on recording return Walton J. DuPon	 t			·, · · · · · .			- white
	B O Boy 242							A La
Mannen.	P.O. Box 242 Merrill, OR 976	33 HE AND EXACT REF	PRODUCTION OF T	HE DOCUMENT	OFFICIALLY RAR.	*		1000
AFT	REGISTERED	DE AND EXACT REP AT THE OFFICE OF	THE KLAMATH CO	JUNETI ACCION		_	1	
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		n Mora	1987			MARIAN ACCOUNTY RE	ECICTRAN	WIT II
	DATE ISSUEL	NOV 3		a de la seconda		KLAMATH COU	NTY, OREGON	
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