	37601 LD TAG NO. 367	P	EPARTME	ON STATE HE ENT OF HUN Vital Record	IAN RES Is Unit	OURCES	AS ρεν 36-	. 3.	308,	
	Local File Number 1. DECEDENTS Frst		Mode	TIFICATE	OF DEA	чн	2. SEX		e Number	TH (Moran, Day, Year)
<i>6</i> 3	Paul Paul				WAMPI		М	S		ber 25,198
	4. SOCIAL SECURITY NUMBER 51. AGE - Last Bethalay 56. UNDER 1 YE 56.0 - 01 - 3.778 (Years) 9.1 Mos. 103/5				Sc. UNDER 1 DAY 6. BIRTHPLACE (City and State or Foreign 7 DATE OF BIRTH (Month, Day, Y.					
ກ່ອດອກອກ	8. WAS DECEDENT EVER IN U.S. ARMED FORCES?				9a PLACE O	F DEATH (Check e	only one)			ember 25, 18
DECEMENTS	D Yes D No HOSPITA St. FACILITY NAME (If not institution, g	- Christian	☐ ER/Outp		OTHE	R: XX tursing Ho	me Decedent	s Residence		
1	Mt. View Care Co	enter	~,			math Fa				COUNTY OF DEATH
2	104 DECEDENT'S USUAL OCCUPATION (Give kind of work axive during rise Do not use retired.)	ON	KIND OF BU	SINESS/INDUSTRY		1 I. MAHITA	L STATUS - ALUM Latind, Widowood, I (Spucify)	vo. 12	SPOUSE/	Il Market, Wakiment)
3	Logger / Farme		Loggin	g & Farm	ning		ried		Bess	5
4	Oregon Kla	my amath	1	own or location			Ash St			
5	13e. INSIDE CITY 13f. ZIP CODE	14. WAS DE	CEDENT OF HI	SPANIC ORIGIN?	15.	RACE American In Black, White, etc.		16.5	DECEDENT	'S EDUCATION I grade completed)
6	17. FATHER - NAME tast made	Souch		us, specify Cutsin, ic.) Ki No 🗀 Yus		White	Elem	entary/Succ	curring (O-	12) College (1-4 or 5+)
PARENTS	••	me usi	Lou	- NAME first	mode Gilmo		Bess W			
	20a, METHOD OF DISPOSITION D M: X) Burial D Cremation Bernoval from	iusoluum ä		DISPOSITION (Nati			20c LOCATIO			
DISPOSITION	Donation Other (Specify)			Klamath	Cemet	ery	Ft.	Klama	ath,	Oregon
DISPOSITION:	2 1a SIGNATURE OF FUNERAL SERVICE PERSON ACTING AS SUCH	E LICENSEE OR		2 lb. LICENSE NUM (Of Licensee)	IBER 2	Z. NAME, ADDRES		CILITY		
7	I'm Lancast	to	1	3224			h Fall:			
8		4,407 (1.16).		agi agi b	7					
9	23. TIME OF DEATH 24. WAS	TED BY CERTIFYING S MEDICAL EXAMIN			27a T	TO BE	27h DATE PROM			MINTER th, Day, Year, Hour)
	§ ±1.00 PM	res [XNo				м				м
CERTIFIER	25. To the best of my knowledge, death due to the cause(s) stated. (Sgnazze)	n occurred at the ti	me, date, place	and	28. Or at	n the basis of exa the time, date, pl (Signature)	mination and/or ace and due to t	investigatio he cause(s)	n, in my op) stated.	inion death occurred
	15000	+1 10	1200	يد						
1	36 8000 60000		<u> </u>							
10	26 DATE SIGNED (MONTH, Day, Year) 9-27-	18 18	<u> </u>		≥ 29. DA	TE SIGNED (MO)	th, Day, Your)			COUNTY
10	9-27-	OF CERTIFIER/MED								COUNTY
11	9-27-	ee, MD	- 19	00 Main				, Ore	gon	97601
11 12 CONDITIONS IF ANY WHICH GAVE	9-27- 30. NAME, TITLE, ADDRESS AND ZIP G Kenneth K. Mag 31. NAME OF ATTENDING PHYSICIAN I	OF CERTIFIER/MED OC , MD F OTHER THAN CE	— 19 ппен пуро с	00 Main	St	Klamath	Falls		egon	
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