ı	D-5536 I.D. TAG I /0'	7 7		Vital CERTIFI	ENT OF HL LTH DIVIS Records I CATE OF	Unit		136-	SEX	3. DATE OF DEAT	H (Month, Day,	Year)
ſïi	DECEDENTS F	ust maS	0	ran	DYC	HE	IRTHPI A	CE (City and	M State or Foreig	7. DATE OF BIRT	1 (Month, Day, Y	'ear)
4	500 SOCIAL SECURITY 518-16-86	NUMBER 5a. AGE		5b. Under 1 Yea los. Days	I Hours	Mins. D	avtor	ı. Wash	nngton	July 9,	1902	
<u>a</u> .	WAS DECEDENT E	VED IN		☐ ER/Outpatier	TOT	a. PLACE OF HER: Nurs		. 🖅 Doces	lent's Home	Other (Specify)	OUNTY OF DEA	TH .
95	FACILITY NAME	(If not institution, g	ue street and i	number)		9c. CITY, TO Klama		77 -			lamath	
- 1	2226 The	rlein SUAL OCCUPATION OF done during mos retired!			USINESS/INDUS		11	MARITAL S Never Marri Divorced (S	pecify)	Jessie		
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	3a. RESIDENCE - S		n+h	Klamat	h Falls		.	2326 E	berlei	16. DECEDENT'S		d)
	Oregon Se. INSIDE CITY LIMITS?	131. ZIP CODE			HISPANIC ORIGINATES OF THE PROPERTY OF THE PRO	N? ban, Yes		American Inc White, etc. (Elen	nentary/Secondary (0	12)] College (i-	
-L	C¥ves □ No	97601	Speci	IB. MOTHER -		middle	Whit		19. INFORM	ANT NAME and rela	wife	ased
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ION	AND DETHOD OF	DISPOSITION A	lausoleum II trom State	other pla	Hills C	remator	 y		Klama	th Falls,	Oregon 9	7603
*****	☐ Donation ☐	OF FUNERAL SERV			21b. LICENSE	NUMBER	22. NA	1 - Can	d Shent	FFACILITYDaver	DO: 00-	St.,
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.	☐ YES	□ NO EX-N/A						TO BE		ONLY BY MEDICAL	TO THE PARTY OF TH	
		TO BE COMPLE	AS MEDICAL	FYING PHYSIC	IAN IFIED?			OF DEATH	31b. DATE	PRONOUNCED DE		м
	27. TIME OF D 0828	A 34 C	Yes X No				32. On t	ne basis of a	xemination an place and d	dor investigation, in ue to the cause(s) ar	my opinion death id manner stated	occurred i.
IFIER			er stated.	J III			['	Signaturei			COUNTY	
	30 DATE SIGN	NED IMONIN, Day, Ye	31)				33. DATI	SIGNED (M	lonth, Day, Ye	urj		
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