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			CON DEPARTM	ENT OF HUM	IAN RESC		mannan man		》是語刻
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Γ	1.D. TAG NO.	. 1	Vita CERTIF	l Records Un ICATE OF DI	EATH	1 136-		THE Number	Honth, Day, Year)
ســر	Local File Numb	er	Middle	<u>ı</u>	asi ET		F	Manah 3	1989
N.	AME Am	ALDED E. ACE . Last	Leah Birthday 5b. Under 1 Ye	STREI	Day 6. BIRTHS	PLACE (City and S	Stute or Foreign 7.	September	fonth, Day, 1841)
1 5	40-50-0631	91	Birthday 5b. Under 1 Ye Mos. Days	Hours Mins	S. Tenr	MICheck only	one)		
8.W	AS DECEDENT EVER	HOSPITAL D	npatient [] ER/Outpatle	TOTHER	R:	ome Deced	tent's Home 🕱	9d. COU	nty of DEATH
95.	YesALI NO	ot institution, give st	treet and number)		Klamat				amath
		Roste	r Home	BUSINESSANDUSTRY			TATUS - Married, 1 ed, Widowed, pecify)		
1108	Bonnie Hi DECEDENT'S USUA (Give kind of work of life. Do not use ratio	done during most of red.)	Owi	n Home		Widow	ved	A.E. Str	
	Homemake	E 13b. COUNTY	13c. CITY, T	OWN, OR LOCATION		Box	85	R DECEDENTIE EC	IUCATION
	Oregon		14. WAS DECEDENT OF		15. RAC Bla	E American Ind ck, White, etc. (S	tian	16. DECEDENT'S ED city only highest gra ary/Secondary (0-12)	College (1-4 or 5+)
- 1	LIMITS?	97632	Mexican, Puerto Rica Specify:	an, etc.) ES No 🗆 Ye			8	NAME and relation	nship to deceased
	7. FATHER - NAME fi	rst middle	last 18. MOTHER	o - Newlin	^{iddle} mai nd		Charles	Street, s	011
3 Y S	Charle	s - Siegel		OF DISPOSITION (Na	me of cemetery	crematory, or	1	City or Town, State	
SITION	10 Burial Crema	ition 🗌 Removal from	other pic	Malin Community Cemeter			Malin	, Oregon	
	Donation Ott	ner (Specify)		21b. LICENSE NU	JMBER 22. 1	IAME, ADDRES.	Funeral		Ore 97601
	PERSON ACTIN	G AS SUCH	7.0	3329	. 1	515 Pine	St., Klam	St., Klamath Fans, Crot	
ا	23. DATE FILED (Mo.	NLLY () (<u> 20</u>			EGISTRAR'S SIC	w Denn	udel	
STEAR		MAR MAR	7 1989 TAKE REQUEST FOR ANA	ST FOR ANATOMICAL GIFT CONSENT? 26.			WAS GIFT MADE?		
	MAR 1 1909 25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL DIFT CONSENT? 25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL DIFT CONSENT? 26 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL DIFT CONSENT?					TO BE COMPLETED ONLY BY MEDICAL EXAMINER TO BE COMPLETED ONLY BY MEDICA			
/ >		المحتدية والتنافيات لياليا	BY CERTIFYING PHYSIC	IAN	_	TO BE O	COMPLETED ONLY		MINER Month, Day, Year, Hour)
	27. TIME OF DEATH	H 28. WAS N	EDICAL EXAMINER NO	IFIED?	1250		l l		. м
	5:05 P.	M Yes	h occurred at the time, dates.	ate, place and	12 0	n the basis of ex t the time, date, (Signature)	amination and/or i. , place and due to	the cause(s) and m	pinion death occurred anner stated.
RTIFIER	due/jo the cau (Egnature)	ise(s) and manger st	Som	/2, M.D.			on(h, Day, Year)		COUNTY
	30. DATE SIGNED		2 /2 P.						
			OF CERTIFIERIMEDICAL	EXAMINER (Type of F	Print)	Klamath	Falls, O	regon 976	01
	James	N. Beggs,	M.D., 2300	FIER (Type or Print)	Derect				
NDITIONS			PHE CAUSE PER LINE FO						interval between onset
IF ANY HICH GIVE RISE TO AMEDIATE	DART L	ヘッパノハベメ	pr. Tecc	luse 1	Drogre	55.00			interval between onset
CAUSE ATING THE IDERLYING	DUE TO, O	R AS A CONSEQUEN	ICE OF DE-1	- 11 10	veri				Interval between onset
AUSE LAST	(b) OUE 10.0	OR AS A CONSEQUE		+ 1 1	01.4		<u> </u>		and death
AUSE C	(C)	hronic	Ulcera	11/1	-0111	37. Did tobacc	th?	- ABIOI 61	in detarmining backs of
DEATH	PART OTHER'S		10NS - ath but not related to cau	au given in PAHI I.		Yes Xilo C	Probably Unk	Yes XI No	☐ Yes ☐ No ☐ NIA
5	C V	/A 11/80	TALE DATE OF INJURY	41b. TIME OF 41	ic. INJURY AT WORK?	41d. DESCRIBE	OO YRULNI WOH	CURRED	
6 7	₩ Natura	al Pending Investigation	[Month, Day, Your]	11450			Life	hit of Rutal Boots	Yumber, City or Town, State
(1	☐ Accid	ent Undetermine Je Manner	41e. PLACE OF INJURY building, etc. (Spe	Y - At home, tarm, struc city)	ut, factory, office	411. LOCATION	· Journal and Num		Number, City or Town, State
$\mathcal{L}_{\mathcal{L}}$	Homi	cide Legal Intervention OR REGISTRAR'S USI	Dullaling, clear, ap			1 .			
	RESERVED FO	on neuro inan a USI					•		
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	THIS IS REGIST	ERED AT THE	OFFICE OF THE K	LAMATH COUN	III NEGIST	ar ti tr		\supset_{I}	
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110		egudo 11	\D		<u> </u>		COUNT	Y REGISTRAR COUNTY, OREGO	n III
烈力	DATE	ssued ——M/	1 1989	innainnina m	in in the same	minimumin			HIMMINIMUM CONTRACTOR
	and a second	Attitition in the Automate of	MANATA	ec ec	- constraints				
OF O	REGON: CO	OUNTY OF	KLAMATH:	SS.					14th
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or reco	ord at reques	A.D., 15	, <u></u>		o'clock	on Page _	4243	·	
		of	De	eds	Evely	n Biehn		ounty Clerk	4
								1 /22	Do no All All -
\$Q 0	0				Ву	- C	1. Pente	<u> Mue</u>	Constali-
\$8.0	O Taxes to Box 28,	o: Charl	es Street			- C	rifine	<u> Mue</u>	Cnorace.