

# CERTIFICATION OF VITAL RECORD

**OREGON STATE HEALTH DIVISION**  
**VITAL STATISTICS SECTION**

Aspen #01034742

37630  
 ID 98180  
 Local File Number

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

88-015405  
 138-

(Date of Birth)

1 DECEASED'S NAME: **Francis Agnes HAZZARD**  
 2 SOCIAL SECURITY NUMBER: **543-46-4376**  
 3 AGE: **73**  
 4 SEX: **F**  
 5 DATE OF DEATH: **August 16, 1988**  
 6 PLACE OF DEATH: **Portland, Oregon**  
 7 DATE OF BIRTH: **May 20, 1915**  
 8 DECEASED'S US ARMY SERVICE: **NO**  
 9 DECEASED'S US NAVY SERVICE: **NO**  
 10 DECEASED'S US AIR FORCE SERVICE: **NO**  
 11 DECEASED'S US MARINE SERVICE: **NO**  
 12 DECEASED'S US COAST GUARD SERVICE: **NO**  
 13 DECEASED'S US ARMY RESERVE SERVICE: **NO**  
 14 DECEASED'S US NAVY RESERVE SERVICE: **NO**  
 15 DECEASED'S US AIR FORCE RESERVE SERVICE: **NO**  
 16 DECEASED'S US MARINE RESERVE SERVICE: **NO**  
 17 DECEASED'S US COAST GUARD RESERVE SERVICE: **NO**  
 18 DECEASED'S US ARMY NATIONAL GUARD SERVICE: **NO**  
 19 DECEASED'S US NAVY NATIONAL GUARD SERVICE: **NO**  
 20 DECEASED'S US AIR FORCE NATIONAL GUARD SERVICE: **NO**  
 21 DECEASED'S US MARINE NATIONAL GUARD SERVICE: **NO**  
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 99 DECEASED'S US NAVY NATIONAL GUARD RESERVE SERVICE: **NO**  
 100 DECEASED'S US AIR FORCE NATIONAL GUARD RESERVE SERVICE: **NO**

1 FACILITY NAME (if not residence, give street and number): **Merle West Medical Center**  
 2 CITY, TOWN, OR LOCATION OF DEATH: **Klamath Falls**  
 3 COUNTY OF DEATH: **Klamath**  
 4 DECEASED'S USUAL OCCUPATION: **Housewife**  
 5 RESIDENCE - STATE: **Oregon**  
 6 RESIDENCE - COUNTY: **Klamath**  
 7 CITY, TOWN, OR LOCATION: **Klamath Falls**  
 8 STREET AND NUMBER: **1606 Wiard St.**  
 9 DECEASED'S USUAL OCCUPATION: **At Home**  
 10 MARRITAL STATUS: **Married**  
 11 SPOUSE (if married, deceased): **Alford E.**  
 12 DECEASED'S USUAL OCCUPATION: **At Home**  
 13 MARRITAL STATUS: **Married**  
 14 SPOUSE (if married, deceased): **Alford E.**  
 15 DECEASED'S USUAL OCCUPATION: **At Home**  
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 46 MARRITAL STATUS: **Married**  
 47 SPOUSE (if married, deceased): **Alford E.**  
 48 DECEASED'S USUAL OCCUPATION: **At**

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED

JAN 08 1990

EDWARD J. JOHNSON II  
- STATE REGISTRAR -

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Aspen Title Co. the 10th day  
of Jan. A.D., 19 90 at 11:44 o'clock AM., and duly recorded in Vol. M90  
of \_\_\_\_\_ of Deeds on Page 592.

FEE \$8.00

Return: A.T.C.