4. SOCIAL SECURITY NUMBER So. AGE. 1-SH BURDINGY SO. Under 1 Year So. Under 1 Day 1 Hours 1 How So. Under 1 Day 1 Hours 1 Ho	1. DECEDENT'S First	Middle	CATE OF DE	1		2. SEX M	3. DATE OF DEATH ( September			
SALE PARTIES PROBLEM   Total   Secretary	Donaid				LASE EVAN	Tarent Eoreign	7. DATE OF BIRTH (A	ionth, Day, Year)		
P vs. 25 to   Processor   Control	544-42-9514 7	Mos. Days	Hours Mins.	Bona	nza, Or	egon	December	18, 1915		
Meric West Medical Conter   Content	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? HOSPITAL	☐ tonation ☐ Ef/Outpation	OTHER:	] Nursing H	ome 🖸 Dece	dent's Home	Other (Specify)	NTV OF DEATH		
MOTE WISE DOCUMENT OF COLORS AND DO PRINCIPLE AND THE COLORS OF THE COLO	St. FACILITY NAME (If not institution,	give street and number)	90. 0	Klamath	Falls	10.764	Kl	amath		
THE TO BE COMPLETED BY CERTIFIED OF STATE OF STA					11.MARITAL S	TATUS - Marrie led, Widowed,	d. 12. SPOUSE (If Marri	ed, Widowed)		
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DOING COMMUNICATION OF THE STATE OF THE STAT	James - Philpott	Eva Pl	hehe McCui	nby	crematory, or					
DOUBLE CONTROL CONTROL COUNTY OF KLAMATH: SET PROPERTIES AND COUNTY OF		other place	"	to the second		1.0		1		
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AN . D M. D M. D M. D M. D M. D M. Sophenhore 6, 1990 Klamath  So Date signed Polonin, Ogs, Year)  So Date Signed Polonin Polonin Formation of Course Polonin Street, Klamath Falls, Oregon 97601  So Date Signed Polonin Polonin Formation Formation Formation Formation Falls, Oregon 97601  So Date Signed Polonin Polonin Falls, Oregon 97601  So Date Signed Polonin Polonin Falls (No. AND [c]) Do not enter mode of dring, e.g. Cordina or Respiratory Areas.  Interval between One and death of the Gall Polonin Falls (No. AND [c]) Do not enter mode of dring, e.g. Cordina or Respiratory Areas.  So Date Signed Polonin Falls Date Formation Falls (No. AND [c]) Do not enter mode of dring, e.g. Cordina or Respiratory Areas.  Interval between One int		en (1) in		6:	00 P. ,	Septe:	mber 4, 198			
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30. DATE SIGNED Medical, Cary, Carlos of Part Internal District Control of Manager of Part Internal Delivers of Part Internal District Control of Manager of Part Internal Delivers of Part Internal Del	· /	A		122 DAY	E SIGNED (MO	nti. Day, Year)	ella-	COUNTY		
JOH G. MCKELLAR, M.D., M.E., 2300 CHAITMONT STREET, Attended to Characteristic Proper of Printil   S. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Prope of Printil   S. NAME OF ATTENDING PHYSICIAN IT OTHER THAN CERTIFIER (Prope of Printil   S. NAME OF ATTENDING PHYSICIAN IT OTHER THAN CERTIFIER (Prope of Printil   S. NAME OF ATTENDING PHYSICIAN IT OTHER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cerdiac or Respiratory Arrest.	30. DATE SIGNED Month, Day, Yes	arj		Se	ptember	6, 199	0	Klamath		
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ANNARE OF DEATH    Solicide	Conditions contributing to	death out not terated to cause &.			The same in the same	****** <b>\Z</b> :	k □ Yes 13kNo □	] Yes 🗌 No 🗋 N/A		
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOLLAR PRESSOR OF PREGISTERED AT THE OFFICE DISTRACT AND A VERLING COUNTY RESISTANT COUNTY, OREGON  DATE ISSUED  SEP 7 1990  OF OREGON: COUNTY OF KLAMATH: SS.  OF record at request ofGiacomini & Knieps		41a. DATE OF INJURY 41b.	TIME OF 41c. IN	JURY 41	d, DESCRIBE H	O YRUČNI WOI	CCURRED			
	1940, MANNER OF DEATH			a □ No						
RESERVED FOR REGISTRAR'S USE  THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOLLMEN DEPLICATION OF THE	XXNatural Pending Investigat	أامما			· · · · · · · · · · · · ·	Street and Num	ber or Rural Route Nur	nber, City or Town, Si		
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OF OREGON: COUNTY OF KLAMATH: ss.  or record at request of	Accident Dudeterm Mannet Suicide Lagrantian RESERVED FOR REGISTRAR'S I	Ale. PLACE OF INJURY -All building, etc. (Specify)		lary, office 41				452.480		
OF OREGON: COUNTY OF KLAMATH: ss.  or record at request of	Accident   Pending Imasignate   Accident   Undeterm Manner   Homicide   Legal Intervent   RESERVED FOR REGISTRAR'S	in PLACE OF INJURY -AIT building, etc. (Specify)		lary, office 41				45.7 <b>F</b> (W)		
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OF OREGON: COUNTY OF KLAMATH: ss.  or record at request of Giacomini & Knieps the 17th  or record at request of P. 10, 90 at 4:30 o'clock P.M., and duly recorded in Vol. M90	RESERVED FOR REGISTERED AT TH	ite. PLACE OF INJURY - MI building, etc. (Specify) USE DEXACT REPRODUCTION IE OFFICE UNITARIE XX.AMA		lary, office 41		ua Ca	Verling NAAVERLING UTV DEGISTRAD			
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Return: Giacomini & Knieps 706 Main, Klamath Falls, Or.97601