				Z Z GERI	IFICATION	OF VITA	IRECORD				
		082574 L.D. TAG N L.D. Tag N Local File Nur	~ 7	OREGO	Vital F	MATTOF HUMAI TH DIVISION Records Unit ATE OF DE	L ₁₃₆		ate File Number		
	$ \begin{cases} \frac{NA}{4 \text{ so}} \\ \frac{1}{5} \\ 1$	43-07-318	Les JUMBER 50 AGE - LI (Years)	Artl		9a PLACE O	F DEATH (Clarck only o	anada	Januar 7. DATE OF BIRT Septer	TH (Akveh, Day, Year) ry 31, 1991 (H(Akveh, Day, Year) nber 11, 191	<u>-</u> !1
	11	921 Arthu	not institution, give sti	ced and matitae)	EH/Outpatient DE	o: citv. to Klan		DEATH STATUS - Married, ed, Widowed,	94	COUNTY OF DEATH Klamath Atturd, Wkhwed)	=
	3 L 4 0	DO MY LES MINOS Ogger RESIDENCE - STA T'EGON		h	Lumber Indu 13c city, town, on t Klamath E	OCATION Falls	o) Marri	ed And NUMBER Arthur S	16 DECEDEN	IT'S EDUCATION	
	6—————————————————————————————————————	NOS E NO FATHER - HAME Ohn	97603	specify and test	MOTHER - HAME for MATERIAL DESCRIPTION OF PLACE OF DISPOSI	u middla — Kro	White maxen ozen	16 ilironman Florile	dary/Secondary (0 3	onship to deceased d, wife	
	DISPOSITION	Bunal 🔲 Crematic Denation 🗎 Other	POSITION Mausel O Removal from Sta (Specify) UNERAL SERVICE LIG AS SUCH	te.	Eternal H	ills Menor	ial Gardens	Klama	th Falls,	OR 97603 oort's Chape	h
	REGISTRAR.	DID HOSPITAL RE	FEB 1 199	I REQUEST FOR	ANATOMICAL GIFT C		24 REGISTRAR'S SIG ALC 26 WAS GIFT MADE?	NO BNA	nedy	<u>97603-7191</u>	verir "
	11	TIME OF DEATH	TO BE COMPLETED 28 WAS MED	DICAL EXAMINE	R NOTIFIED?	8	a TIME OF DEATH M	316 DATE PRO	NLY BY MEDICAL I	EXAMINER (Month, Day, Year, Hour)	M
	CERTIFIER 3	To the best of m due to the cause (Simple) DATE SIGNED (A	1 1991	jn_			2 On the basis of exar at the time, date, pla (Signature) 3 DATE SIGNED (Along	sce and Doe to to	he cause(s) and m	COUNTY	_
	13 34 14 35	Terence I	Degan, M	ID, 1905	Main Stree	t, Klamati				Interval between onse	et et
	WHICH GAVE FISE 10 IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DUE TO OR	SE (ENIER ONLY ONE AS A CONSEQUENCE	7/ C	E FOR (a). (b). AND (and death Interval between ons- and death Interval between ons- and death	
	15	IC) AFT OTHER SIGN If Constitutions of	IIFICANT CONDITIONS extribuling to death but	S - Enot related ਇ ਯ	JURY 416 TIME OF	4 IC INJURY	37 Did tobacco use to the death?	оьлыу 🗀 Иж	□ Yes ☑ Mo	19 B YES were findings continued in determining cause of c	death?
	17	MANNER OF DI District Accident Suicide Homicide	☐ Fending Investigation ☐ Undetermined Manner ☐ Legal Intervention	(Khviti, Day	NUURY - At home, farm	41c. INJURY AT WORK? M	,			er, City or Town, State)	
	SE SON NO.	THIS REGI	IS A TRUE AND I STERED AT THE	EXACT REP.	RODUCTION OF	THE DOCUMEN	,√		J. V.cri	45-2 REV 3-0	MAY PE
		<i>=</i> 1			1 1991			DC COI KLAMA	ONNA A VERUIN UNTY REGISTR THICOUNTY, OF		ORE
建設到的影響和 1841年3777	WHAT P 20 50	******	****************	F KLAM	ATH: ss.						