	192 NOV	l 7 1 1 3	25	<i>.</i> **		ってデザde STATE OF				A			מספייכ	
54	055	B 5059		71	OREG DEPAR	STATE OF ON STATE I TMENT OF.	HUMAN	DIVISIO SERVIO	ON CES	OILL	D92	'8ge <u>'</u>	27294	
TYPE		188				Vital Rec	ords Un	ir	F					
OR PRINT IN PERMANENT DECEASED - NAME First												e File Number (Meey, year)		
BLACK	BLACK 1 KARTH					ADELE JANSON AGE - Last birthday (years) Under 1 years						May 3, 1987 E OF BIRTH (monin, day, year)		
FOR INSTRUCTIONS SEE	3 Whit	е	4	Female	5a	80	mos.	days	hours 5c	r 1 day min.	The second of the second	rm (monin, day,) st 20, 1!		
HANDBOOK		R LOCATION OF C	EATH	(If not in either,	give street	TITUTION — NA and number)	ME		I IF HO	SP. OR INS	T. Indicate DOA,	COUNTY OF D	EATH	
DECEDENT	STATE OF BIR	ath Falls TH (II not in U.S.A.,	CITIZ	TEN OF WHAT C	West OUNTRY	Medical (ER MARRIES	spo		npati MARRIEI	ent D. WIDOWED)	VAS DECEDE	T EVER IN U.S.	
IF DEATH OCCURRED IN	8 Sweden 9 U.S. SOCIAL SECURITY NUMBER USU				A. WIDOWED, DIVORCED (specify) 10 Married 11 L OCCUPATION (Give kind of work done during most of					Ralph ARKED FORCES? I specify yaz or no. 12 NO				
INSTITUTION, SEE HANDBOOK REGARDING	13 540 - 42 - 8561 RESIDENCE STATE COUNTY			148 Housewife					14b At Home					
COMPLETION OF RESIDENCE ITEMS	nesidence		math	CITY, TOWN OR LOCATION STREET AND NUM						ZIP 9/601 (Spacify was or on the				
	FATHER - NA	ME first mi			HER — first			en Name)				tionship to decer	15e Yes	
	16 Carl BURIAL, CREA REMOVAL, MA	Fagrell	CEMET	ERY OR CREMA		a Uggla AME		· · · · · · · · · · · · · · · · · · ·	18 R	alph	Janson	- Hus	aband state	
OISPOSITION	19a Crem		19b E	ternal H	ills !	Memorial	Garden	5				th Falls,	j j	
'	20a -	im Kan	cart	7	กะเพลา	e Euners		/ 19	45 M	ain S	t. / кі:	amath Fal	ls. Ore	
2	\ \$5 aue 10	best of my knowleds the cause(s) stated	ge, death oc	curred at the time	e, date and	place and	DAT	E SIGNED) (Mg., D	ay, Year)	7	HOUR OF DEATH	1	
ecentielens	NAME.	TITLE AND ADDRI	SS OF CE	RTIFIER (Type o	r Print)		216		<u> </u>	10		21c 2:55	<u>Р. м</u>	
	SUN 21d R	.Rand Hale	YSICIAN I	F OTHER THAN	258	4 Campus	Dr.	- <u>K</u>	lama	th Fa	lls, Or	egon 97	7601	
CONDITIONS	21e													
IF ANY WHICH GAVE RISE TO	228 MG	ED BY REGISTRAR	(Mo., Day,	i	REGISTRA 22b (Signa			•			1	•/		
IMMEDIATE CAUSE STATING THE	23 IMMEDIA	E CAUSE	1			PER LINE FORT	T. (0) AND (1.]	<u> </u>		rcrue	interval between	on onset and death	
UNDERLYING CAUSE LAST	PART (a) /)	400ten	S/OY)								30 m	nures	
<u> </u>	1 (0) Ru	pture	2012	nc an	cen	15.u -							oon onset and death to	
CAUSEOFS	DUE TO, O	pture has a consequi Hurxel	ENCE OF	c Cherry	رم. ما	0.100	Aro.						on onset and death	
EDEATH	PART OTHERS	IGNIFICANT COND	ortions –	Conditions contri	buting to de	ath but not related	to cause give	DIN PARTI					XAMINER NOTIFIED	
4	ACCIDENT(Sp	scily Yes or No) DA	TE OF INJU	IRY (Mo., Day, Yes	ar) HOUR	OF INJURY	DESCRIBE	HOW IN.	24	NO)	\ i	Specify Yes or No		
5	26a NO	26t	,		26c		26d							
	(Specify Yes or		building, e	IRY — At nome, (etc. (Specify)	larm, street	, factory.	DCATION	SI	TREET O	R A.F.D. I	NO. CITY	OR TOWN	STATE	
	OID HOSPITAL	REPRESENTATIVE	MAKE REC	DUEST FOR ANA	TOMICAL		V	AS GIFT						
		R REGISTRAR'S US	E				<u> </u>	ESO	поП	N/A 🗆				
· ·	L							<u></u>						
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	YTMUC	OF K	IAI	HTA										
This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.														
				.c Kramac							•	•		
	8	LDFGUN	7		MARI	AN ACKERM	AN, Re	gistr	ar V	ital	Statist	ics		
	, C	LAIT			Ву	ander	wit,	/su	a.	Le.	Deputy 1	Registra		
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					SS.							and the state of the		
Filed of	for record at	request of _	D 10	92	Asp	en Title o'clock	Со		*****	the	e17ti	h	day	
		of	D., 19 _	92 at Dee	ds		P.N _ on Pag	, and	duly	recorde 94	d in Vol.	17th	,	
FEE	\$10.00					Ev	elyn B	iehn	. (County	Clerk			
	•					Ì	y <u>C.</u>	ruli		Mu	Clenda	<u> </u>		