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Vol. 1996. Page 30592

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	Local File	e Number		CERTI	FICATE O	F DEATH	1 136-		File Number	<u> </u>
\bigcirc	1. DECEDENT'S	<i>fim</i> Nilliam		Middle Crosby		CORBET		Male		TH (Month, Day, Year)
1"	4.SOCIAL SECUR	ITY NUMBER 50. AGE	Last Birthday	5b. Under 1 Yea			IPLACE (City and :		. DATE OF BIR	TH (Month, Day, Year)
	544 12 B.WAS DECEDENT U.S. ARMED FOR	EVERIN			A 15 N 15	" Lo	S Angele:	s. CA.	Dec	25, 1923
DECEDENT	Q(Yes □ No	100-005			□DOA OTH	ER Nursing	iome [XDecaden	t's Home 🗆 Oth		
1		ie iii noi insiitution, g Hotchkiss		number)			ROCKY P		9d.	COUNTY OF DEATH Klamath
2	■ !Give kind of w	USUAL OCCUPATION ork done during most		10b. KIND OF BU	SINESSANDUSTR		11. MARITAL ST	ATUS - Married.	12. SPOUSE (#	Memed, Widowed)
3	Do <u>mot</u> use ne Driver	tired.)		Grevhou	ind Bus	Lines	Marr	eci/y)		Judith M.
4	13a. RESIDENCE		amath	13c. CITY, TOW	montocanos		134. STREET AP	ID NUMBER	NC 39	- Box 75P
5	Uregon 13e. INSIDE CITY LIMITS?	131. ZIP CODE				I IS. RACI	E American India	S.		S EDUCATION I grade completed
6	Yes 00 No	97601	Mexican, I Specify:	DECEDENT OF HIS to or Yes - If yes, a Puerto Rican, etc.)	Eligio D'Yes		while, etc. (Speci White	Elementa	ry/Secondary (O	12) College (14 or 5+)
	17. FATHER - NAM		last	18. MOTHER - NA	ME final mid	idle malden		L INFORMANT -	10 NAME and retain	tonship to deceased
PARENTS		m John Co DISPOSITION ☐MAN		Mario	n Ruth I				y Corb	
DISPOSITION		mation Differential from		other place)	Eterna	Hills	T	C. LOCATION		
7	Donation CO		E LICENSEE O		Memoria	al Gard	ens Me, Address Al			ls, Oregon
8	PERSON ACT	FUNERAL SERVICE MG AS SUCH	10	//	(Of Licensee)	1 2	Ward's	K1 amath	Funeral	Home, Inc.
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10	AMEZ7, TIME OF DEAT	TO BE COMPLETED		NG PHYSICIAN	4	No VIVE		PLETED ONLY		AMINER Month, Day, Year, Hour)
11			HEDIONE LAND	MILIS HOTH ILDY		310, [10AC	OF DEATH 31	U. UMILE FROM	CHACED DEVE I	months sey, rear, mour)
	2045	X) Yes	□ No	- 970			u l			N.
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