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DEATH NO. 88-024998
D 102-

1. NAME OF DECEASED ROBERT SUMNER		A. FIRST ROBERT		B. MIDDLE SUMNER		C. LAST SUMNER		6. SEX male		7. DATE OF DEATH November 23, 1988		8. MONTH November		9. DAY 23		10. YEAR 1988	
11. RACE (e.g., white, black, American Indian, etc.) white		12. WAS DECEASED OF SPANISH ORIGIN (YES, NO) SPECIFY: no		13. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C.		14. WAS DECEASED EVER IN U.S. ARMED FORCES (SPECIFY YES OR NO). yes		15. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT		16. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT		17. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT		18. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT		19. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT	
1. PLACE OF DEATH Mohave		A. COUNTY Chloride		B. TOWN OR CITY Tennessee Street		C. HOSPITAL OR CLINIC Tennessee Street		D. RESIDENCE (GIVE STREET ADDRESS) Tennessee Street		E. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT		F. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT		G. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT		H. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT	
2. DATE OF BIRTH June 20, 1910		A. MONTH June		B. DAY 20		C. YEAR 1910		3. IF UNDER 1 YEAR 78		4. IF UNDER 1 YEAR 78		5. IF UNDER 1 YEAR 78		6. IF UNDER 1 YEAR 78		7. IF UNDER 1 YEAR 78	
8. STATE OF (if not in USA, name country) Michigan		A. STATE United States		B. COUNTY United States		C. TOWN OR CITY Chloride		D. RESIDENCE (GIVE STREET ADDRESS) Chloride		E. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT		F. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT		G. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT		H. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT	
9. USUAL RESIDENCE Arizona		A. STATE Arizona		B. COUNTY Mohave		C. TOWN OR CITY Chloride		D. RESIDENCE (GIVE STREET ADDRESS) Chloride		E. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT		F. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT		G. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT		H. <input type="checkbox"/> DOA <input type="checkbox"/> OP ENER <input type="checkbox"/> IN PATIENT	
10. STREET ADDRESS OR R.F.D. Tennessee Street		A. FIRST Robert		B. MIDDLE SUMNER		C. LAST SUMNER		11. MOTHER'S MARRIAGE Ethel		12. MOTHER'S MARRIAGE Ethel		13. MOTHER'S MARRIAGE Ethel		14. MOTHER'S MARRIAGE Ethel		15. MOTHER'S MARRIAGE Ethel	
16. FATHER'S NAME Robert		A. FIRST Robert		B. MIDDLE SUMNER		C. LAST SUMNER		17. MOTHER'S MARRIAGE Ethel		18. MOTHER'S MARRIAGE Ethel		19. MOTHER'S MARRIAGE Ethel		20. MOTHER'S MARRIAGE Ethel		21. MOTHER'S MARRIAGE Ethel	
22. INFORMANT'S SIGNATURE Ellen E. Sumner		A. FIRST Robert		B. MIDDLE SUMNER		C. LAST SUMNER		23. MOTHER'S MARRIAGE Ethel		24. MOTHER'S MARRIAGE Ethel		25. MOTHER'S MARRIAGE Ethel		26. MOTHER'S MARRIAGE Ethel		27. MOTHER'S MARRIAGE Ethel	
28. BURIAL, CREMATION, REMOVAL, OTHER (specify) cremation		A. FIRST Robert		B. MIDDLE SUMNER		C. LAST SUMNER		29. MOTHER'S MARRIAGE Ethel		30. MOTHER'S MARRIAGE Ethel		31. MOTHER'S MARRIAGE Ethel		32. MOTHER'S MARRIAGE Ethel		33. MOTHER'S MARRIAGE Ethel	
34. FURNAL HOME Sutton Memorial Home		A. FIRST Robert		B. MIDDLE SUMNER		C. LAST SUMNER		35. MOTHER'S MARRIAGE Ethel		36. MOTHER'S MARRIAGE Ethel		37. MOTHER'S MARRIAGE Ethel		38. MOTHER'S MARRIAGE Ethel		39. MOTHER'S MARRIAGE Ethel	
40. NAME AND ADDRESS OF PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AGENCY (Type of report) Dr. Henry Snell 101 Civil Center Lane Lake Havasu City, Arizona		A. FIRST Robert		B. MIDDLE SUMNER		C. LAST SUMNER		41. MOTHER'S MARRIAGE Ethel		42. MOTHER'S MARRIAGE Ethel		43. MOTHER'S MARRIAGE Ethel		44. MOTHER'S MARRIAGE Ethel		45. MOTHER'S MARRIAGE Ethel	
46. DATE REGISTERED 11-29-88		A. FIRST Robert		B. MIDDLE SUMNER		C. LAST SUMNER		47. MOTHER'S MARRIAGE Ethel		48. MOTHER'S MARRIAGE Ethel		49. MOTHER'S MARRIAGE Ethel		50. MOTHER'S MARRIAGE Ethel		51. MOTHER'S MARRIAGE Ethel	
52. NAME OF ATTENDING PHYSICIAN IF OTHER THAN DEATH CERTIFICATE acute myocardial infarction		A. FIRST Robert		B. MIDDLE SUMNER		C. LAST SUMNER		53. MOTHER'S MARRIAGE Ethel		54. MOTHER'S MARRIAGE Ethel		55. MOTHER'S MARRIAGE Ethel		56. MOTHER'S MARRIAGE Ethel		57. MOTHER'S MARRIAGE Ethel	
58. NAME AND ADDRESS OF PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AGENCY (Type of report) Dr. Henry Snell 101 Civil Center Lane Lake Havasu City, Arizona		A. FIRST Robert		B. MIDDLE SUMNER		C. LAST SUMNER		59. MOTHER'S MARRIAGE Ethel		60. MOTHER'S MARRIAGE Ethel		61. MOTHER'S MARRIAGE Ethel		62. MOTHER'S MARRIAGE Ethel		63. MOTHER'S MARRIAGE Ethel	
64. DATE REGISTERED 11-29-88		A. FIRST Robert		B. MIDDLE SUMNER		C. LAST SUMNER		65. MOTHER'S MARRIAGE Ethel		66. MOTHER'S MARRIAGE Ethel		67. MOTHER'S MARRIAGE Ethel		68. MOTHER'S MARRIAGE Ethel		69. MOTHER'S MARRIAGE Ethel	
70. NAME OF ATTENDING PHYSICIAN IF OTHER THAN DEATH CERTIFICATE acute myocardial infarction		A. FIRST Robert		B													

DATE ISSUED: NOV 2 1967

DATE ISSUED NOV 2 1965

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STATE OF OREGON

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1990-1991

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By C Bernetha G. Letsch, County Clerk

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