

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

MTC 41730-MG

TYPE OR
PRINT IN
PERMANENT
BLACK INK

155275

10. TAG NO.

533

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

93-023205

Scale File Number

1. DECEASED'S NAME Manuel Madrid		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) November 9, 1993	
4. SOCIAL SECURITY NUMBER (or AGE LAST BIRTHDAY) 527 10 9788 (Year) 83		5. UNDER 1 Year		6. UNDER 1 Year	
7. PLACE OF BIRTH (City and State or Foreign) Hogalaz, AZ		8. DATE OF BIRTH (Month, Day, Year) Sept. 5, 1910			
9. PLACE OF DEATH (Street and City) Chiloquin					
10. DECEASED'S USUAL OCCUPATION (Specify kind of work done during last 12 months) Custodian					
11. DECEASED'S USUAL RESIDENCE (Specify kind of work done during last 12 months) Klamath County School District					
12. DECEASED'S USUAL RESIDENCE (Specify kind of work done during last 12 months) Chiloquin					
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I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED: JUL 21 1997

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 7th day of August A.D., 19 97 at 3:45 o'clock P. M., and duly recorded in Vol. M97 of Deeds on Page 26049.

FEE \$10.00

By Bernetha G. Letsch, County Clerk
Kathleen Rose