

Gable's Widow To Enter Hospital

ATTENTION

NAME

ADDRESS

With no obligation, please send me full details
of the prepaid hospital-doctor plan of . . .

SOUTHERN OREGON HEALTH SERVICE

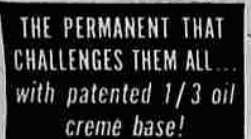
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10
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LESS SWEET AT FAY'S

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