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VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 206 — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First BARNEST; Middle ---; Last LEE

2. PLACE OF DEATH: A. COUNTY Klamath; B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify) Klamath Falls; C. LENGTH OF STAY IN 2B: 3 days; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Presbyterian Intercommunity Hospital

3. USUAL RESIDENCE (If institution, give residence before admission): A. STATE Oregon; B. COUNTY Klamath; C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify) Bly; D. STREET ADDRESS, RURAL ROUTE, ETC. No numbers - Box 596

4. DATE OF DEATH: Month June; Day 18; Year 1966

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married

8. SOCIAL SECURITY NO.: 436-07-6973

9. USUAL OCCUPATION (Kind of work done during most of life): Timber Faller

10. KIND OF BUSINESS OR INDUSTRY: B.E.M.I. LU. Co.

11. NAME OF SPOUSE: Lenette Lee

12. DATE OF BIRTH: Month May; Day 2; Year 1910

13. AGE LAST BIRTHDAY: 56 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes

14. BIRTHPLACE (State or Foreign Country): Brookhaven, Mississippi

15. WAS DECEASED A CITIZEN OF: [X] U. S. [ ] Foreign Country, Name of Country

16. IF DECEASED WAS A VETERAN, WHAT WAR? ---

17. NAME OF FATHER: Dock Lee

18. MAIDEN NAME OF MOTHER: Emma Renfro

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Lenette Lee (Wife)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)

		Interval Between Onset and Death (Years, days, hours, etc.)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):	Cardio - Resp. failure	terminal
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B):	Metat. carcinomatosis	Feb. '66
DUE TO (C):	Carcinoma of the Kidney	undetermined

PART II. Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a).

21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown

22. Was an Autopsy performed? [ ] Yes [X] No

23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide

24. IF ACCIDENT, DID INJURY OCCUR: [ ] At Work [ ] Not At Work

25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)

25B. City, County, State

26. TIME OF INJURY: Hour ..... Month ..... Day ..... Year ..... a. m. p. m.

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (attended) (~~last saw alive~~) the deceased from of on 9 Feb '66 (date) to 18 Jan 66 (date) and that the death occurred at 10:40p. from the causes and on the date stated above.

E. M. LeVernois, M.D. (Signature) (Title) Klamath Falls, Oregon (Address) 6/20/66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other

30B. DATE: 6/22/66

30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills

30D. LOCATION (City or Town, State): Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 6-21-66

32. REGISTRAR'S SIGNATURE: Marian Ackerman

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Wm P. Kendall Klamath Falls, Oregon

STATE OF OREGON

County of Klamath

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.

(SEAL)

S. M. Kerron, M.D.
Registrar Vital Statistics

By Marian Ackerman Deputy

Date June 23, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss

Filed for record at request of: Lenette Lee

on this 16 day of August A. D. 1966

at 3:05 P M. and duly recorded in Vol. M-66 Deeds

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DOROTHY R. GERS, County Clerk

Fee 1.50 By Carolyn Baker Deputy