OREGON STATE BOARD OF HEALTH VITAL STATISTICS SECTION 200-1 M-66 11285

CERTIFIED COPY OF DEATH RECORD

NAME OF DECEASED Harry Joseph Roman	number 300				STATE FILE					
S. PACEGO FORTH A. COUNTY KIAMATH A. COUNTY KIAMATH A. SUBJAR RESIDENCE OF Features converses COCATION KIAMATH FAILS D. CITY. TOWN, if contains converses COCATION KIAMATH FAILS D. COLOR KIAMATH FAILS D. STREET ADDRESS, RUMAR ROUTE, ETC. NAME OF FROMTH IT SHOWS IN SECURITY NO. NAME OF ROUTH ALL OF SHOWS IN SHOWS IN STREET ADDRESS, RUMAR ROUTE, ETC. NATION OF ROUTH ALL OF SHOWS IN	1. NAME OF DECEASED				Middle					
A. COUNTY Klamath B. CITY, TOWN, Counter	ent. jed in black ink)	Har	ry	T						
COCATION Klanath Falls O. NAME OF ROSPITAL (THE Note heaviled for where absent) O. NAME OF ROSPITAL (THE Note heaviled for where absent) O. NAME OF ROSPITAL (THE Note heaviled for where absent) O. NAME OF ROSPITAL (THE Note heaviled for where absent) O. NAME OF ROSPITAL (THE Note heaviled for where absent) O. NAME OF ROSPITAL (THE Note heaviled for where absent) O. NAME OF ROSPITAL (THE Note heaviled for where absent) O. NAME OF ROSPITAL (THE Note heaviled for where absent) O. NAME OF ROSPITAL (THE Note heaviled for where absent) O. NAME OF ROSPITAL (THE Note heaviled for where absent) O. NAME OF ROSPITAL (THE Note heaviled for where absent) O. NAME OF ROSPITAL (THE Note heaviled for where absent) O. NAME OF ROSPITAL (THE Note heaviled for which heav	A. COUNTY Klamath	Klamath Klamath			A STATE Oregon B. COUNTY Klamath					
D. STREET ADDRESS, RUARA ROUTE, ETC. ORSTRUTION Press. Intercomm. Hospit. 4. DATE OF Month. OP. 12, 1966 Nale 6. SOCIAL SECRITY NO. 9. USUAL OCCUPATION of the street o	B. CITY, TOWN, it outside corporate OR limits, so specify LOCATION Figure 45 Co. 126			OR 184						
A. DATE OF DOTAL DATE OF A STATE		LAS 0	yE3					·····	· · · · · · · · · · · · · · · · · · ·	
DEATH Oct. 12, 1966 Male Caucasian Cauca	or institution Pres. In	tercomm	. Hospt.		1122 1	Lincoln	St.			
12. DATE OF Month Day Ver 13. AGE LAST BIRTHOAY VI. Month Day 16 UNDER 14 HOURS 18 HOURS 18 HOURS 18 HOURS 18 HOURS 19 UNDER 18 HOURS 18 HOURS 19 UNDER 18 H	Oct. 12,	1966	Male	.			Mar Mar	ried [] Widowed	
BIRTH July 20, 1888 78 14. BIRTHPLACE (State or Partice Country) 15. WAS DECEASED A CIVIZEN OF 16. IF DECEASED WAS A VETERAN. WAS TWAT WAS NO 17. NAME OF FATHER 18. MADDEN NAME OF MOTHER NO. RECORD NO. CAUSE OF DEATH (SEVERS ONLY ONE CAUSE FER LINE IN (A)), (3), AND (0). PART I: DEATH WAS CAUSED BY. PART I: DEATH WAS CAUSED BY. WHEN EVERY IN (B); WHEN EVERY IN (B	8. SOCIAL SECURITY NO. 9. USU (Kim	AL OCCUP R. Cond	PATION ne during most of life) iductor		OR INDUSTRY					
1. BRITHPLACE (Side or Parties Country) 18. WAS DECEASED A CITIZEN OF 10. IF DECEASED WAS A VETERAN. 11. III. WAS DECEASED A CITIZEN OF 10. IV DECEASED WAS A VETERAN. No. 17. NAME OF FATHER 18. MAIDEN NAME OF MOTHER 19. WHAT WAS AND TO SECURISED No. Record No. Record No. Record Mabel Roman, wife No. Record Mabel Roman, wife No. Record No. Record Mabel Roman, wife No. Record No. Record Mabel Roman, wife No. Record No. Recor		Year	13. AGE LAST	BIRTH	Vientes.		116			
Tilinois Portain Country Name of Country Name of Country No.	July 20.			SED A	177.]	
17. MARKO OF FATHER NO. RECORD NO. RECOR		"	SE U. S.			_ wh/	T WAR!	No		
20. CAUSE OF DEATH (everse over one course rea line in (a), (s), AND (c). PART 11: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Parkinson's Disease Condition, if any.) DUE TO (B): Which serve its 10 } Which serve its 10 } White course its 10 } PART 11: Other: Risplitant Conditions to the course at the country of the sound in the course of the country of the sound in the country of the sound in the course of the country of the country of the country of the course of the country of the					MOTHER			E AND		
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (8), AND (c). PART :: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Parkinson's Disease Condition, it say, DUE TO (B): which serve rise to institute the under- styling decise hast ') PART ::: Other Standards Conditions the terminal disease or conditions accordance with the terminal disease of conditions to provide the terminal disease or conditions to provide the terminal disease or conditions the terminal disease or conditions to provide the terminal disease or conditions t	No Record No Reco									
Conditions, if any.) DUE TO (B); which gave rise to) which gave last block conditions controlling to Death but not conditions accidents accid	20. CAUSE OF DEATH (ENTER ONLY PART 1: DEATH WAS CAUSED	BY.	ER LINE IN (A), (B)	, AND (intervai (Yea	Between Onset and Dealers, days, hours, etc.;	
Second S	-									
PART II. Other Significant Conditions contributed to Death oth the sisted to the free contribution to Death other contribution to D	which gave rise to) above cause (a).		·			 			· · · · · · · · · · · · · · · · · · ·	
contributing to beach but not related to the fermional disease or condition from the fermional disease or condition from a citied and the fermional disease or condition from the fermional disease or conditi	lying cause last) DUE TO (C):					22 - 1				
The certainst disease or condition given accident 1	contributing to Death but not related to	, cere	bro vascul	ar	21	If deceased was	s Female, wa he past 12 m	a there a	22. Was an Autopay performed?	
26. THE OF OREGON County of Klamath This certifies that the foregoing is a correct and complete transcript of a receptor of the deth on file with the Klamath County of Klamath This certifies that the foregoing is a correct and complete transcript of a receptor of the deth on file with the Klamath County of Klamath This certifies that the foregoing is a correct and complete transcript of a receptor of the deth on file with the Klamath County Department of Head County of Klamath County of Klamath County of Klamath This certifies that the foregoing is a correct and complete transcript of a receptor of the deth of the deth house of the deth of the deth house of the deth state and on the data tabled above. 10-13-66 By Deputy Deputy Deputy Deputy Deputy Doctober 14, 19 6	the terminal disease or condition given in Part I (a):	<u>I</u>				<u> </u>		1		
28. TIME OF Home Home Home Home Home Home Home Home	23. WAS DEATH REBULT OF 24.1	F ACCIDENT.		PLACE Farm, Ho	OF [NJUNY ime, Forest, etc.)	250.	Cità	Coun	ty Siste	
28. CERTIFICATE; CHILDY that I (estinated) (top-shipping the death of) the deceased from or on S=1-60 10=12mGG. and that the death occurred at 7:15PM from the causes and on the date stated above. No. 10=13-61 No. 10=12mGG. and that the death occurred at 7:15PM from the causes and on the date stated above. 10-13-61 PRIVETED R. HOMERON, M.D. 613 Medical Dental Bidg. Klamath Falls, Oregon of Standard Circums and other stated above. 10-13-66 Recruit Hills Klamath Falls, Oregon of Standard Private Contact Removed of the state Contact Removed of the standard Difference of Standard Private Contact Removed of the standard Difference of Standard Private Contact Removed of the standard Difference of Standard Private Contact Removed of the standard Difference of Standard Private Contact Removed of the standard Difference of Standard Private Contact Removed of the standard Difference of Standard Private Contact Removed of the standard Private Contact Removed of the Standard Private Contact Removed of Contact Removed of Standard Private Contact Removed of Contact Removed o	THE THE PERSON NAMED IN COLUMN TO TH		At Work							
10-13-66 and that the death occurred at 7:15PM from the cause, and on the date visited above. 10-13-66		way	1 27.	DESCR	IIRE HOM INTR	OCCURRE	υ			
10-13-60 and that the death occurred at 7:15PM from the cause, and on the date visited above. 10-13-60	28. CERTIFICATE:					240		-		
By Byerett R. Howard, M.D. 613 Medical Dental Bldg. Klamath Falls, Oregon (Signature) M.D. 613 Medical Dental Bldg. Klamath Falls, Oregon (Oregon Oregon Core Signature) 308. DATE 100-12-66 Bternal Hills Klamath Falls, Oregon 31. DATE RECEIVED BY 32. REGISTRAR'S SIGNATURE LOCAL REGISTRAR Marian Ackerman Mike O'Hair 515 Pine, Klamath Falls TATE OF OREGON County of Klamath This certifies that the foregoing is a correct and complete transcript of a rec f death on file with the Klamath County Department Of Hea October 14, 19 6	10_12_64	ted) (toplaylish)	of the death of) the	decensed	** 1 5 5 10 14	(q*fe)			•	
29. RESERVED FOR REGISTRAR'S USE Data D	(date)								エハーテンーロロ	
Date Received By 32. REGISTRAR'S SIGNATURE 10-13-66 Marian Ackerman Mike O' Hair 515 Pine, Klamath Falls TATE OF OREGON Klamath				(Tilli	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(A	idress)		(Date Signed)	
County of Coun										
DOCAL REGISTRAR Narian Ackerman Nike O'Hair 515 Pine, Klamath Falls Narian Ackerman Nike O'Hair 515 Pine, Klamath Falls TATE OF OREGON County of Klamath This certifies that the foregoing is a correct and complete transcript of a rec f death on file with the Klamath County Department of Health (SEAL) S. M. Kerron, N.D. Registrar Vital Statistics By Deputy Deputy Date Deputy Deputy Deputy Doctober 14, 19 6			- No. 10 (1997)		32 8 2 3 4 4 4 4		1.2			
Marian Ackerman Mike O'Hair 515 Pine, Klamath Falls	Burled Cremated Removed Other			33. 1	TUNERAL DIRECTOR	S'S SIGNATURI	AND ADDR	ESS OF	Hair's	
County of Klamath This certifies that the foregoing is a correct and complete transcript of a rec f death on file with the Klamath County Department of Head County Department of Head County Department (SEAL) S. M. Kerron, M.D. Registrar Vital Statistics By Mouran County Deputy Department 19 6	10-13-66 Mar			_				_		
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By Marian Chura Date Deputy October 14, 196		b	6-01				M. Va-	TOP	M.D.	
By Marian Chura Date Deputy October 14, 196	/CT ATIA	1.25				Regi	strar Vita	l Statis	tics	
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STATE OF OREGON; COUNTY OF KLAMATH; ss. Filed for record at request of _ ...Oregon Title -Inc. -Go.-----this 25th day of October 100 66 at 31050 clock P M., and eds on Page 11285-DONOTHY ROGERS, County Clerk duly recorded in Vol. _M-66_, cf Deeds \$1.50 pd.