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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 216 — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First Amos; Middle Nelden; Last Kelsey

2. PLACE OF DEATH
A. COUNTY Klamath
B. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls
C. LENGTH OF STAY IN 2B 38 Yrs.
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4220 Summers Lane

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE Oregon
B. COUNTY Klamath
C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC. 4220 Summers Lane

4. DATE OF DEATH: Month July Day 23, Year 1967
5. SEX Male
6. COLOR OR RACE Caucasian
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO. 543-10-4657
9. USUAL OCCUPATION (Kind of work done during most of life) Land Leveling & Grading
10. KIND OF BUSINESS OR INDUSTRY Road construction
11. NAME OF SPOUSE Bula Kelsey

12. DATE OF BIRTH: Month June Day 11, Year 1903
13. AGE LAST BIRTHDAY 64 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes

14. BIRTHPLACE (State or Foreign Country) Milburn, Utah
15. WAS DECEASED A CITIZEN OF ☒ U.S. ☐ Foreign Country (Name of Country)
16. IF DECEASED WAS A VETERAN, WHAT WAR? No

17. NAME OF FATHER Amos Kelsey
18. MAIDEN NAME OF MOTHER Serena Jensen
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Bula Kelsey, wife

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Gunshot wound of Lt upper chest & shoulder — Interval Between Onset and Death (Years, days, hours, etc.): sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (B):
DUE TO (C):
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): Alcoholism (history)

21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☐ No ☐ Unknown
22. Was an Autopsy performed? ☐ Yes ☒ 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.) home
25B. City, County, State: Klamath Falls, Klamath, Ore

26. TIME OF INJURY: Hour 8:35 p.m. Month July Day 23 Year '67
27. DESCRIBE HOW INJURY OCCURRED. 20 gauge shotgun wound

28. CERTIFICATE: I Certify that I ~~attended~~ (investigated the death of) the deceased from or on July 23, 1967 (date) to ———— (date) and that the death occurred at 8:37p. m. from the causes and on the date stated above.
▶ J. Martin Adams, M.D. (Signature) Asst. Med. Inv. (Title) Klamath Falls, Oregon (Address) 7-24-67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE ☐ Buried ☐ Cremated ☐ Removed ☒ Other
30B. DATE 7-26-67
30C. NAME OF CREMATORY OR CEMETERY Eternal Hills Mausoleum
30D. LOCATION (City or Town) State: Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR 7-24-67
32. REGISTRAR'S SIGNATURE ▶ Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS O'Hair's ▶ Mike O'Hair 515 Pine, K. Falls, Ore

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.

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

(SEAL)

By Marian Ackerman
Deputy

Date July 25, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Bula Kelsey
this 28 day of July A.D. 1967 at 3:50 o'clock P. M., and
duly recorded in Vol. M-67, of Deeds on Page 5799
Fee $1.50
DOROTHY ROGERS, County Clerk
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By Jane Hess