WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH -- PORTLAND 97201
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 76 — 30370

STATE FILE NO. VOL. M69 PAGE 2081
DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink)	First: Robert	Middle: Joseph — Last: Bjork
2. PLACE OF DEATH A. COUNTY: Klamath		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE: Oregon — B. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls	C. LENGTH OF STAY IN 2B: 5 days	C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): P. I. Hospital		D. STREET ADDRESS, RURAL ROUTE, ETC: 2341 Watson
4. DATE OF DEATH (Month, Day, Year): March 16 1969	5. SEX: Male	6. COLOR OR RACE: White — 7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: ---	9. USUAL OCCUPATION (Kind of work done during most of life): Office Mgr. Modoc Lmbr.	10. KIND OF BUSINESS OR INDUSTRY: Lumbering — 11. NAME OF SPOUSE: Evelyn Bjork
12. DATE OF BIRTH (Month, Day, Year): January 4 1923	13. AGE LAST BIRTHDAY (Yrs.): 46	IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Portland, Oregon	15. WAS DECEASED A CITIZEN OF: [X] U.S. [ ] Foreign Country — Name of Country	16. IF DECEASED WAS A VETERAN, WHAT WAR?: WW II
17. NAME OF FATHER: Fred Bjork	18. MAIDEN NAME OF MOTHER: Marie Seiffert	19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Evelyn Bjork, widow

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): Lymphosarcoma — Interval Between Onset and Death (Years, days, hours, etc.): 7 yrs.
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): —
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 a.m. p.m., Month, Day, Year
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: I Certify that I (attended) the deceased from or on 3-16-69 to 3-16-69 and that the death occurred at 2:30 a.m. from the causes and on the date stated above.
(Signature) [signature] (Title) M.D. (Address) 623 [illegible] Klamath Falls (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other	30B. DATE: 3/18/69	30C. NAME OF CREMATORY OR CEMETERY: Riverview Abbey	30D. LOCATION (City or Town) State: Portland, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 3-18-69	32. REGISTRAR'S SIGNATURE: Mary Nelson	33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [signature] 515 Pine, K. Falls, Ore.	

FORM 18-2

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.

NEIL BLACK, M. D.
Registrar Vital Statistics

(SEAL)

By Mary Nelson
Deputy Registrar

Date MAR 18 1969 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of MRS. ROBERT BJORK
this 24th day of MARCH A. D. 19 69 at 1:00 o'clock P M., and
duly recorded in Vol. M-69, of DEEDS on Page 2081

Wm D. MILNE, County Clerk

FEE $ 1.50

By Charlene K. Hoestman
Deputy