

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A RECORD OF FACTS. STATE OF OREGON
FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO
THAT IT MAY BE PROPERLY CLASSIFIED.

LOCAL REGISTRAR'S NUMBER		STANDARD CERTIFICATE OF DEATH		STATE FILE NUMBER	
166		31217		VOL 769 PAGE 723	
1. NAME OF DECEASED First Middle Last WILLIAM BELLINGER DeWITT		3. USUAL RESIDENCE (If institution, give residence before admission) A STATE Oregon B COUNTY Klamath			
2. PLACE OF DEATH A COUNTY Klamath B CITY, TOWN OR LOCATION Klamath Falls C LENGTH OF STAY IN 2B 23 years		C CITY, TOWN OR LOCATION Klamath Falls D STREET ADDRESS, RURAL ROUTE, ETC. 430 South 5th. Street			7. MARITAL STATUS X Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married
4. DATE OF DEATH Month Day Year June 2 1969		5. SEX Male	6. COLOR OR RACE White	11. NAME OF SPOUSE Clara C. DeWitt	
8. SOCIAL SECURITY NO. 517-09-3332		9. USUAL OCCUPATION Retired Foreman		10. KIND OF BUSINESS Western Fruit Express	
12. DATE OF BIRTH Month Day Year May 20 1882		13. AGE LAST BIRTHDAY 87		14. BIRTHPLACE (State or Foreign Country) Paulding, Ohio	
15. WAS DECEASED A CITIZEN OF X U.S. <input type="checkbox"/> Foreign Country		16. IF DECEASED WAS A VETERAN, WHAT WAR?		17. NAME OF FATHER Francis DeWitt	
18. MAIDEN NAME OF MOTHER Delilah Williams		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Dean DeWitt (Son)			
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A): Coronary Thrombosis acute sudden Carcinoma bowel, chronic 1961 PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I: PART III: If deceased was female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
23. WAS DEATH RESULT OF <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work		25A. PLACE OF INJURY (Nuclear Farm, Home, Forest, etc.)	
26. TIME OF INJURY Hour Minute p.m.		27. DESCRIBE HOW INJURY OCCURRED.			
28. CERTIFICATE: I certify that I attended (initials) the deceased from on Dec 1968. and that the death occurred at 10:40p from the cause and on the date stated above. Pauline Sharp M.D. Klamath Falls, Oregon 4 June 69					
29. RESERVED FOR REGISTRAR'S USE					
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Reinterred <input type="checkbox"/> Other		30B. DATE 6/6/69		30C. NAME OF CREMATORY OR CEMETERY Eternal Hills	
31. DATE RECEIVED BY LOCAL REGISTRAR 6-4-69		32. REGISTRAR'S SIGNATURE Mary Nelson		33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS 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.

NEIL BLACK, M. D.
Registrar Vital Statistics

By Mary Nelson
Deputy Registrar

Date JUN 1 1969 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of H. F. Smith
this 4th day of August A.D. 1969 at 5:12 o'clock P.M., and
duly recorded in Vol. M-69, of Deeds on Page 6723
Fee \$1.50
Wm D. MILNE, County Clerk
By Charles H. Westman
Deputy