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VOL 420 PAGE 3642

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

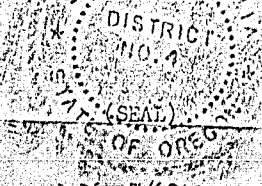
Local File Number		State File Number	
DECEASED—NAME 1. ROY CALL ANDERSON		DATE OF DEATH (month, day, year) 2. April 25, 1970	
RACE (specify) 3. White	SEX 4. Male	AGE—last birthday (years) 5a. 46	DATE OF BIRTH (month, day, year) 6. April 7, 1924
COUNTY OF DEATH 7a. Lane	CITY, TOWN, OR LOCATION OF DEATH 7b. near Oakridge	Inside City Limits (specify yes or no) 7c. No	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7d. Highway # 58
STATE OF BIRTH (if not in U.S.A., name of country) 8. Oregon	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Married	NAME OF SPOUSE 11. Ruth Ann Anderson
SOCIAL SECURITY NUMBER 12. 543-28-6576	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. Farming	KIND OF BUSINESS OR INDUSTRY 13b. Self	
RESIDENCE—STATE 14a. Oregon	COUNTY 14b. Klamath	CITY, TOWN, OR LOCATION 14c. Klamath Falls	STREET AND NUMBER OR RFD (specify yes or no) 14d. No
FATHER—NAME first middle last 15. Otto F. Anderson	MOTHER—Maiden Name first middle last 16. Alberta Blanche Wilson	INFORMANT—NAME and relationship to deceased 17. Ruth Ann Anderson (Wife)	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
(a) <i>Cardiac arrest</i>			approximate interval between onset and death <i>Immediate</i>
(b) due to, or as a consequence of:			
(c) due to, or as a consequence of:			
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)			
DATE OF INJURY (month, day, year) HOUR HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)			
INJURY AT WORK (specify yes or no) 20a.	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20b.	LOCATION (street or R.F.D. No., city or town, county, state) 20c.	
CERTIFICATION—MEDICAL INVESTIGATOR: I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:			
DEATH OCCURRED (hour) <i>5:15 P.M.</i>	THE DECEDENT WAS PRONOUNCED DEAD (month day year) <i>April 25 1970 5:30 P.M.</i>	FROM: Natural Causes ☒ Accident ☐ Suicide ☐	
CERTIFIER—SIGNATURE 22a. <i>Neil Black</i> M.D.		22b. <i>Neil Black, M.D.</i>	
MEDICAL INVESTIGATOR: FOR: <i>Klamath</i> COUNTY		DATE SIGNED (month, day, year) <i>28 April 1970</i>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Mt. Laki Cemetery	LOCATION city or town state 24c. near Klamath Falls, Oregon	DATE (month, day, year) 24d. Apr. 29, 1970
FUNERAL DIRECTOR—SIGNATURE 25a. <i>Harold S. Symon</i>			
FURNAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b. <i>Harold's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601</i>			
REGISTRAR—SIGNATURE 26a. <i>Harold S. Symon, Deputy</i>		DATE RECEIVED BY LOCAL REGISTRAR 26b. <i>4-30-70</i>	DATE RECEIVED BY STATE REGISTRAR 27.
RESERVED FOR REGISTRAR'S USE			

STATE OF OREGON

COUNTY OF Lane

Date May 1, 1970

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Oregon State Board of Health.



Harold S. Symon M.D.

Registrar of Vital Statistics

By *Harold S. Symon, Deputy*

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ruth Anderson

this 7th day of May A.D. 1970 at 12:19 o'clock P.M., and duly recorded in Vol. M70 of Deeds on Page 3642

Fee \$1.50

WM. D. MILNE, County Clerk

By *Phyllis Lutz*

FORM No. 633—WARRANTY DEED

KNOW ALL MEN

and Wanda M.

in consideration of \$1

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wife,-----

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STATE OF OR

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