FEDERA

FORM No. 105A—MO

12071

WARRANTY DEED

This Indenti

STATE OF OREGON,
County of Klamath

Filed for record at request
KENNETH GARY P
on this 23rd day of Ju
at 2:14 o'clo
recorded in Vol. M 70
Page 5118 WM D
By
Fee, None.

TRANSF

Co. L, 5th Bde USA
USAR Control Group

UNITAS OBLIGATION
DAY 4 MONTH Jun YEAR 73

None

SERVICE DATA

3117 Blebee Street
Klamath Falls (Klam

26V20A7 Strat 1/2
Sys Rpr

NDSM
VSM w/4 bz svc stars
VCM w/60 device

Microwave Radio Repa
Radio Set AN/FRC 109

None

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

200
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

1. DECEASED—NAME (First, Middle, Last)	Ronald E. Jeffers
2. DATE OF DEATH (month, day, year)	June 14, 1970
3. RACE (White, Negro, American Indian, etc. (specify)	white
4. SEX	male
5a. AGE—Last birthday (years)	73
5b. Under 1 year: mos. days	
5c. Under 1 day: hours min	
6. DATE OF BIRTH (month, day, year)	May 13, 1897
7a. COUNTY OF DEATH	Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH	Klamath Falls
7c. Inside City Limits (specify yes or no)	yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, give street and number)	2143 Garden AVE
8. STATE OF BIRTH (If not in U.S.A., name country)	Oregon
9. CITIZEN OF WHAT COUNTRY	USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	married
11. NAME OF SPOUSE	Ida Jeffers
12. SOCIAL SECURITY NUMBER	541-09-9674
13a. USUAL OCCUPATION (give kind of work done during most of working life)	retired Box Factory Supt.
13b. KIND OF BUSINESS OR INDUSTRY	Lumber
14a. RESIDENCE—STATE	Oregon
14b. COUNTY	Klamath
14c. CITY, TOWN, OR LOCATION	Klamath Falls
14d. Inside City Limits (specify yes or no)	yes
14e. STREET AND NUMBER OR R.F.D.	2143 Garden Ave
15. FATHER—NAME (first, middle, last)	unknown
16. MOTHER—Maiden Name (first, middle, last)	unknown
17. INFORMANT—NAME and relationship to deceased	Ida Jeffers widow

CAUSE

PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).

18.		Approximate interval between onset and death
Immediate cause	(a) Cardiac failure	Immediate
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b) due to, or as a consequence of: Congestive Heart Failure	6 yrs
	(c) due to, or as a consequence of: Emphysema	7 yrs

PART II. OTHER SIGNIFICANT CONDITIONS—conditions contributing to death but not related to cause given in Part I (a).

19a. AUTOPSY (yes or no): NO
19b. If YES were findings considered in determining cause of death

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	20g. LOCATION (street or R.F.D. No., city or town, county, state)	

CERTIFIER
6-16-70

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month 4 day 12 year 63 to month 6 day 14 year 70. And Last Saw Him/Her Alive on: month 5 day 25 year 70. I Did/Did Not view the body after death (specify). DEATH OCCURRED (hour) 8:35 PM at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Mark S. Kochevar MD
22b. NAME (type or print): MARK S. KOCHEVAR M.D. (degree or title)
22c. DATE SIGNED (month, day, year): 6-16-70
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 1905 MAIN KLAMATH FALLS OREGON 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): burial
24b. CEMETERY OR CREMATORY—NAME: Linkville Cemetery
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): June 17, 1970
25a. FUNERAL DIRECTOR—SIGNATURE: Lutz Hair
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel 515 Pine Klamath Falls, Oregon
26a. REGISTRAR—SIGNATURE: Marian Coleman
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUN 16 1970
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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 ....., Deputy Registrar
Date JUN 16 1970 19

(SEAL)

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of IDA JEFFERS
this 23rd day of June A. D., 1970 at 2:09 o'clock P. M., and duly recorded in
Vol. M 70 of Deeds on Page 5117

WM. D. MILNE, County Clerk
By Kayell Dugger

Fee $1.50

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