DECEASED CAUSE BURIAL, CREMATION, REMOVAL,
MAUS (LORGIFY)

240. FULTIAL

FUNERAL DIRECTOR ANGUARE

FUNERAL DIRE PHYSICIAN—SIGNATURE

1 22. **

MAILING ADDRESS-PHYSICIAN INJURY AT WORK (specify yes or no) RACE White, Negro, American Indian, etc. (specify)
3. Thite
COUNTY OF DEATH REGGIANT SIGNA (if nor in U.S.A., name count as Carnada SOCIAL SECURITY NUMBER 12, 513-10-1356 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last 35 8 Local File Number PART 1 PART II. OTHER SIG RESERVED FOR REGISTRAN'S USE 1135 Esplanade, Klamath Falls, Oregon cremation, REMOVAL CEMETERY OR CREMATIONY-NAME LOCATION R SIGNIFICANT CONDITIONS: conditions to the conditions of the cond DEATH WAS CAUSED BY: 10 20b. 20c. PLACE OF INJURY at home, farm, attest, factory, 20ffice bidg., etc. (specify) due to, or as a consequence of: due to, or as a cons 24 Woodard 400 145 Klamath 1969 SEX AGE-Last AGE-Last birthday (veirs)

4. Male 53, 61

CITY, TOWN, OR LOCATION OF DEATH Bilyeu Den Cemetery 24c Scio, Ore Fon | FUNERAL HOME-NAME AND ADDRESS (Sires), city or lown, state, zip) TO SUPPLY CONTRY MARRIED, NEVER MARRIED, DESCRIPTION OF BEATH Inside City Limits HC Control of City Married, Never Married, Y.D. 드 STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section
CERTIFICATE OF DEATH MOTHER-Maiden Name first middle 2 Mard's Klarra Sawyer cirr, 5324 M s 225. NAME (type MER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c) M. 20d. LOCATION (street or R.F.D. No., city TOWN, OR LOCATION 1970 William A. Bartlett, M.D. And Last Sax on: month HOW INJURY OCCURRED (enter nature of th funeral Home, Pox 217, Klamath Falls, Ore, 97601 Massenatury 4, 1970 4 con 1 12 Index City Limits STREET AND NUMBER OF R.F.D. (LORSETY YES OF TO)

124 NO 114 2636 Gettle

INFORMANT-NAME and relationation to determine the d re Alive 1 D.d/Did Not year view the body 7D after death (paccify) (hou observed of Intel 1) degree or Intel 1 given in Part I (a) AUTOPSY IF YES were findings considered the syes of no. In determining cause of death 19a, 14O 19b. 2. November 1, 1970

Under 1 day DATE OF BIETH (month, day, year)
hours min. a. January 31, 1909
nin HOSPITAL OR OTHER INSTITUTION.-NAME
no) (if no) 9, 919-1, 1914 (month) 1909
AMAGE OF SPOUSE III. Ima Woodard 地方 Dozose 1661 Woodard (Wife 9:00 P. M.
DATE SIGNED (mo.
22:11/5/70 DEATH OCCURRED 24d Nov. 7, 1970 A Pil 1970 Minuto proximate interval 14. RY/V STATE OF OREGON County of <u>Klamath</u>
This certifies that the foregoing is a correct and complete transcript of Salar records of death on file with the <u>Klamath County Department</u> of Health. NEIL BLACK, M.D., Registrar Vital Statistics (SEAL) 9 (L) Thereford The share, Deputy Registrar VOID IF ALTERED STATE OF OREGON, County of Klamath ss. Atomorphic Itie and activate and the analysis Filed for record at request of: Strike Old Na Abeliate Co William Siscoone on this 13th day of hovember TO HAVE AND TO HO o'clock M. and duly Page 10171 WM. D. MILNE, County Clork
By Caref Live The WITHING WHEREOF Deputy. STATE OF CONTROL OF Dorkenally one