426

Local File Number

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First Robert Middle W Last Wood
2. DATE OF DEATH (month, day, year): December 26, 1970
3. RACE (White, Negro, American Indian, etc. (specify)): white
4. SEX: male
5a. AGE—Last birthday (years): 59
5b. Under 1 Year: mos. days
5c. Under 1 Day: hours min.
6. DATE OF BIRTH (month, day, year): February 17, 1911
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: SP Trackg Sp Chiloquin
7c. HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital or institution, give street address): SP RR Sp Chiloquin
7d. If inside City Limits (Ward or no.): City Limits
8. STATE OF BIRTH (If not in U.S.A., name of country): Virginia
9. SOCIAL SECURITY NUMBER: 545-16-3593
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): married
11. NAME OF SPOUSE: Marguerite Wood
12. RESIDENCE—STATE: Oregon
13a. COUNTY: Klamath
13b. STREET AND NUMBER OR RFD (Inside City Limits (specify yes or no)): RR
13c. CITY, TOWN, OR LOCATION: Chiloquin
14a. FATHER—NAME first middle last: Thomas A Wood
14b. MOTHER—Maiden Name first middle last: Annie McIntosh
14c. MOTHER'S MAIDEN NAME: Chiloquin
15. CITIZEN OF WHAT COUNTRY: USA
16. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Signalman
17. KIND OF BUSINESS OR INDUSTRY: SP RR
18. INFORMANT—NAME and relationship to deceased: Marguerite Wood widow

Usual residence (where deceased lived which occurred in institution, give residence before admission.)

CAUSE

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

Immediate Cause
1. Fractured skull, multiple
(a) due to, or as a consequence of:
2. Crushed chest, injuries
(b) due to, or as a consequence of:
3.
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

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

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year): 26 Dec 70
20b. HOUR: 5 PM
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): Hit by train while crossing track
20d. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): RR
20e. LOCATION (street or R.F.D. No., city or town, county, state): Chiloquin Klamath County Oregon
20f. I CERTIFY THAT I AM THE MEDICAL INVESTIGATOR OF DEATHS IN THE ABOVE COUNTY AND THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, viewed the body, made inquiry and in my opinion death occurred on or about: (month, day, year) 26 Dec 1970
21a. DEATH OCCURRED (hour): 5 AM
21b. THE DECEDENT WAS PRONOUNCED DEAD (month, day, year): 26 Dec 1970
21c. FROM: (hour): 5 AM
CERTIFIER—SIGNATURE: Kenneth Klamath MD
Natural Causes ☐ Homicide ☐ Accident ☒ Undetermined ☐ Suicide ☐ Pending ☐ Degree or Title

CERTIFIER

22a. MEDICAL INVESTIGATOR FOR: COUNTY
22b. NAME—(type or print): Neil Black
22c. DATE SIGNED (month, day, year): 30 Dec 1970
23. BURIAL, CREMATION, REMOVAL, MAUSE, (specify): burial
24a. CEMETERY OR CREMATORY—NAME: Eternal Hills
24b. LOCATION (city or town, state): Klamath Falls Oregon
24c. DATE (month, day, year): Dec. 29, 1970
25a. FUNERAL DIRECTOR—SIGNATURE: Neil Black
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel Klamath Falls Oregon
26a. REGISTRAR—SIGNATURE: Marian Jakimenko
26b. DATE RECEIVED BY LOCAL REGISTRAR: DEC 30 1970
27. RESERVED FOR REGISTRAR'S USE
28. DATE RECEIVED BY STATE REGISTRAR

BURIAL

VSL-107 R-69

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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 Marian Jakimenko, Deputy Registrar
Date DEC 30 1970 19

(SEAL)

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss. DEC 31 10 58 AM 1970

Filed for record at request of MARIANNE NORK

this 31st day of DECEMBER A. D., 1970 at 10:58 o'clock A.M., and duly recorded in Vol. M 70, of DEEDS on Page 11477

Fee $1.50

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WM. D. MILNE, County Clerk

By Hazel Drazil