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389
1110 2:02 PM 1971

STATE OF OREGON - STATE BOARD OF HEALTH
Vital Statistics Section
CERTIFICATE OF DEATH

Local File Number: 389
State File Number: 487

DECEASED: JOHN ROSSCE STEWART
First Middle Last
1. RACE: White, Negro, American Indian, etc. (Specify) White
2. SEX: Male
3. DATE OF BIRTH (month, day, year): October 12, 1911
4. CITY, TOWN, OR LOCATION OF BIRTH: Bonanza, Oregon
5. COUNTY OF BIRTH: Klamath
6. CITIZEN OF WHAT COUNTRY: USA
7. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): laborer
8. SOCIAL SECURITY NUMBER: 511-11-3530
9. MARRIED, WIDOWED, DIVORCED, SEPARATED (Specify): Married
10. NAME OF SPOUSE: Hazel Stewart
11. KIND OF BUSINESS OR INDUSTRY: None
12. RESIDENCE - STATE: Oregon
13. CITY, TOWN, OR LOCATION: Bonanza
14. COUNTY: Klamath
15. FATHER - NAME: James Leslie Stewart
16. MOTHER - Maiden Name: Myrtle Belle Smith
17. HAZEL STEWART (Wife)
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
19. IMMEDIATE CAUSE: Gunshot wound of the head
20. INTERMEDIATE CAUSE: Immediate Cause
21. UNDERLYING CAUSE: Immediate Cause
22. CONDITION, if any, which gave rise to the immediate cause (a), stating the underlying cause (b), if any, and the cause (c), if any, due to, or as a consequence of: Immediate Cause

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to cause given in part I (a)
(b) (c)

DATE OF INJURY (month, day, year): Dec. 2, 1970
HOUR: About
PLACE OF INJURY: Salvaged runabout
LOCATION: Box # 157, Bonanza, Oregon
HOW INJURY OCCURRED (enter nature of injury in Part I for Part II, item 18)
23. CERTIFICATE OF MEDICAL INVESTIGATION: No number 8 - Box # 157, Bonanza, Oregon
24. DEATH OCCURRED: About
25. TIME OF DEATH: 12:30 A.M.
26. DATE OF DEATH: December 2, 1970
27. TIME OF DEATH: 12:30 A.M.
28. MEDICAL INVESTIGATOR: Neil Black, M.D.
29. FOR: Klamath
30. COUNTY: Klamath
31. DATE SIGNED (month, day, year): Dec 4 1970
32. SIGNATURE: Neil Black, M.D.
33. MEDICAL INVESTIGATOR: Neil Black, M.D.
34. SIGNATURE: Neil Black, M.D.
35. DATE SIGNED (month, day, year): Dec 4 1970
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100. SIGNATURE: Neil Black, M.D.

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 William D. Milne, Deputy Registrar
Date DEC 4 1970
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of HAZEL STEWART
this 19th day of JANUARY A. D. 1971 at 2:02 o'clock P. M., and duly recorded in
Vol. M 71 of DEEDS on Page 467
Fee \$1.50

WM. D. MILNE, County Clerk
By Hazel Stewart