

10
48576
VOL. 71 PAGE 831
STATE OF OREGON-STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 10
State File Number: 48576

DECEASED
NAME: ROBERT JAMES SNYDER
SEX: MALE
AGE: 49
DATE OF BIRTH: JANUARY 9, 1921
COUNTY OF DEATH: Klamath
CITY/TOWN OF DEATH: Klamath Falls
CITIZENSHIP: USA
MARRIED: NEVER MARRIED
WIDOWED: YES
NAME OF SPOUSE: Glessie Snyder
KIND OF BUSINESS OR INDUSTRY: BUTCHER
HUSBAND'S NAME AND RELATIONSHIP TO DECEASED: Robert Snyder son

CAUSE
DEATH WAS CAUSED BY: *Gunshot wound of the head instant*
DIRECT OR AS A CONSEQUENCE OF: *Gunshot wound of the head instant*
OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I

MEDICAL INVESTIGATOR
NAME: Neil Black, M.D.
DATE OF INQUIRY: JAN 12 1971
PLACE OF INQUIRY: Klamath Falls, Oregon
DATE OF DEATH: JAN 12 1971
HOURS: 12:00 PM
LOCATION: Klamath Falls, Oregon
STREET OR R.F.D. NO.:
CITY OR TOWN: Klamath Falls, Oregon
COUNTY: Klamath
STATE: Oregon

CERTIFIED
NAME: Neil Black, M.D.
DATE SIGNED: JAN 12 1971
CITY OR TOWN: Klamath Falls, Oregon
COUNTY: Klamath
STATE: Oregon

BURIAL
NAME: Robert James Snyder
DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1971
DATE RECEIVED BY STATE REGISTRAR: JAN 12 1971

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 *Marion J. Bridges*, Deputy Registrar
Date *JAN 12 1971*

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of *Glessie Bridges*
this *29th* day of *JANUARY* A. D., 1971 at *4:11* o'clock *P* M., and duly recorded in
Vol. *M 71* of *DEEDS* on Page *831*
Fee \$1.50
WM. D. MILNE, County Clerk
By *W. D. Milne*

15597
FORM No. 633-WARRANT
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