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STANDARD CERTIFICATE OF DEATH			
NAME OF DECEASED		DATE OF DEATH	
JAMES P. BURNES		JUN 5 1962	
PLACE OF DEATH		USUAL RESIDENCE	
A. COUNTY Multnomah		B. CITY, TOWN OR VILLAGE Gladys	
C. CITY, TOWN OR VILLAGE LOCATION Portland		D. STREET ADDRESS, RURAL ROUTE, ETC. 12436 SW Boone Ferry Rd	
E. NAME OF HOSPITAL OR OTHER INSTITUTION Mt. St. Joseph Hospital		F. NAME OF PHYSICIAN	
G. DATE OF DEATH June 5 1962		H. SEX Male	
I. RACE white		J. MARITAL STATUS Married	
K. SOCIAL SECURITY NO. 540-10-0130		L. USUAL OCCUPATION Automobile agency	
M. NAME OF SPOUSE Gladys S. Burnes		N. NAME OF FATHER James Greig Burnes	
O. MAIDEN NAME OF MOTHER Elvada Allmen		P. NAME OF DECEASED'S RELATIONSHIP TO DECEASED Gladys S. Burnes-wife	
Q. CAUSE OF DEATH (IMMEDIATE CAUSE ONLY) Cerebral Infarction			
R. MEDICAL HISTORY (PREVIOUS DISEASES AND CONDITIONS) 2 mo			
S. SIGNATURE OF PHYSICIAN			
T. SIGNATURE OF REGISTRAR			
U. SIGNATURE OF WITNESSES			
V. SIGNATURE OF DECEASED			
W. SIGNATURE OF DECEASED'S RELATIONSHIP TO DECEASED			
X. SIGNATURE OF DECEASED'S RELATIONSHIP TO DECEASED			
Y. SIGNATURE OF DECEASED'S RELATIONSHIP TO DECEASED			
Z. SIGNATURE OF DECEASED'S RELATIONSHIP TO DECEASED			

STATE OF OREGON, COUNTY OF MULTNOMAH ss.
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE BOARD OF HEALTH AND IN MY OFFICIAL CARE AND CUSTODY.

Mar. 11 1971

Return

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Klamath County Title Co.
this 15th day of March A. D. 1971 at 4:12 o'clock A.M., and duly recorded in
Vol. M71 of Deeds on Page 2214
Fee \$1.50
WM. D. MILNE County Clerk
By *Cynthia Campbell*

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