AMENDMENT

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

57
Local File Number

CERTIFICATE OF DEATH

50304 VOL 171 PAGE 2781
State File Number

DECEASED

1. DECEASED—NAME	First: Samuel	Middle: Preston	Last: Moore			2. DATE OF DEATH (month, day, year): March 3, 1971	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Male	5a. AGE—Last birthday (years): 63	5b. Under 1 year: mos. / days	5c. Under 1 day: hours / min.		6. DATE OF BIRTH (month, day, year): December 10, 1907	
7a. COUNTY OF DEATH: Klamath	7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	7c. Inside City Limits (specify yes or no): yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): P. I. Hospital				
8. STATE OF BIRTH (If not in U.S.A., name country): Arkansas	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Ruby D. Moore				
12. SOCIAL SECURITY NUMBER: 543-10-0935	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Carpenter	13b. KIND OF BUSINESS OR INDUSTRY: Construction					
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Klamath Falls	14d. Inside City Limits (specify yes or no): No	14e. STREET AND NUMBER OR R.F.D.: 5980 Delaware			
15. FATHER—NAME first middle last: Samuel C. Moore.	16. MOTHER—Maiden Name first middle last: Emma N. Jordan	17. INFORMANT—NAME and relationship to deceased: Ruby Moore: Spouse					

Usual residence where deceased lived. If death 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))

		approximate interval between onset and death
18. Immediate cause (a)	Respiratory arrest	15 min
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) due to, or as a consequence of:	Amyotrophic Lateral Sclerosis	3 yr
(c) due to, or as a consequence of:		

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

19a. AUTOPSY (yes or no)	19b. IF YES were findings considered in determining cause of death

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
		M.	

20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year	to: month day year	And Last Saw Him/Her Alive on: month day year	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour)	
4-23-69	3-3-71	3-2-71	Did Not	8:45 A.M.	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN'S SIGNATURE: Fletcher F Cowan MD
22b. NAME (Type or print): Fletcher F. Cowan, M.D. degree or Title
22c. DATE SIGNED (month, day, year): 3-4-71
23. MAILING ADDRESS—PHYSICIAN: 1905 Main street, Klamath Falls city or town, Ore state, 97601 zip

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS (specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION city or town, state	24d. DATE (mo., day, year)
Burial	Klamath Memorial Park	Klamath Falls, Oregon	March 5, 1971

25a. FUNERAL DIRECTOR—SIGNATURE: Jack L. Sledge
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel:515 Pine, Klamath Falls, Ore. 97601

26a. REGISTRAR—SIGNATURE: Marian Patterson
26b. DATE RECEIVED BY LOCAL REGISTRAR: MAR 8 1971
27. DATE RECEIVED BY STATE REGISTRAR

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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 Patterson, Deputy Registrar
Date March 27, 1971

(SEAL)

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ruby Moore
this 5th day of April A. D., 19 71 at 10:24 o'clock A. M., and duly recorded in
Vol. M 71, of Deeds on Page 2781

Fee 1.50

WM. D. MILNE, County Clerk
By Jeanne Pitchell