

58883

STATE OF OREGON
County of Multnomah

DATE ISSUED JAN 26 1971

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.

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of WILBUR O BRICKNER

this 2nd day of OCTOBER A. D., 1972 at 9:09 o'clock A. M., and duly recorded in
Vol. M 72 of DEEDS on Page 11128

FEE \$ 2.00

WM. D. MILNE, County Clerk

By

K. J. D. D. D.

DECEASED-NAME First Middle Last
Robert Clarence Henry Swafford

1. RACE: White, Negro, American Indian, etc. (specify) white
2. DATE OF BIRTH (month, day, year) May 1, 1970
3. COUNTY OF DEATH Klamath
4. SEX male
5. AGE-Last birthday (years) 72
6. DATE OF DEATH (month, day, year) June 4, 1970
7. CITY, TOWN, OR LOCATION OF DEATH Merrill
8. STATE OF BIRTH (if not in U.S.A., name country) USA
9. SOCIAL SECURITY NUMBER 431-14-6019
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) MARRIED
11. NAME OF SPOUSE Frances Ola Swafford
12. RESIDENCE-STATE Oregon
13. CITY, TOWN, OR LOCATION Klamath
14. FATHER-NAME first middle last UNKNOWN
15. MOTHER-Name first middle last UNKNOWN
16. INFORMANT-NAME and relationship to deceased Frances Swafford, widow
17. KIND OF BUSINESS OR INDUSTRY NONE

18. DEATH WAS CAUSED BY: (a) Immediate cause (b) due to, or as a consequence of (c) due to, or as a consequence of
Chronic Cardiac Vascular Disease

19. ACCIDENT (specify yes or no) YES
20. PLACE OF INJURY (specify yes or no) YES
21. PHYSICIAN'S SIGNATURE H. Robertson M.D.
22. MAILING ADDRESS-PHYSICIAN Box R Merrill, Ore
23. BIRTHAL, CREMATION, REMOVAL, etc. (specify) Burial
24. FUNERAL HOME-NAME AND ADDRESS Eternal Hills
25. REGISTRAR'S SIGNATURE Margaret Schuman
26. RESERVED FOR REGISTRAR'S USE

27. DATE OF DEATH (month, day, year) May 1, 1970
28. DATE RECEIVED BY LOCAL REGISTRAR May 25 1970
29. DATE RECEIVED BY STATE REGISTRAR May 6, 1970
30. DATE SIGNED (month, day, year) May 5-70
31. SIGNATURE OF REGISTRAR

32. DEATH OCCURRED (month, day, year) May 5, 1970
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100. DEATH OCCURRED (month, day, year) May 5, 1970