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Vol. M72 Page 11586

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

'72-010448
State File Number

267
Local File Number

CERTIFICATE OF DEATH

DECEASED

1. DECEASED—NAME (First, Middle, Last): ROBERT ROSS FORD
2. DATE OF DEATH (month, day, year): July 28, 1972
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—last birthday (years): 64
5b. Under 1 Year (mos., days):
5c. Under 1 Day (hours, min.):
6. DATE OF BIRTH (month, day, year): November 19, 1907
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 1733 Chinchilla Way
8. STATE OF BIRTH (if not in U.S.A. name of country): Scotland
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Iris Ford
12. SOCIAL SECURITY NUMBER: 700-12-6241
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Conductor - retired
13b. KIND OF BUSINESS OR INDUSTRY: Southern Pacific R.R.

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR RFD: 2020 Garden Avenue
15. FATHER—NAME (first, middle, last): William — Ford
16. MOTHER—Maiden Name (first, middle, last): Janet — Ross
17. INFORMANT—NAME and relationship to deceased: Janet Ring (Daughter)

CAUSE

955X

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. Immediate Cause
(a) Cerebral destruction & hemorrhage — approximate interval between onset and death: seconds
due to, or as a consequence of:
(b) Contact Gunshot wound right ear
due to, or as a consequence of:
(c) Self inflicted

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

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

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

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year): July 28, 1972
20b. HOUR: About 6:05 P.M.
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): Self inflicted gunshot wound of head
20d. INJURY AT WORK (specify yes or no): No
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): Home
20f. LOCATION (street or R.F.D. No., city or town, county, state): 1733 Chinchilla Way, Klamath Falls, Klamath, Ore. 97601

CERTIFICATION—MEDICAL INVESTIGATOR:
I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:

21a. DEATH OCCURRED (hour): About 6:05 P. M.
21b. THE DECEDENT WAS PRONOUNCED DEAD (month, day, year, hour): July 28, 1972 M.
21c. FROM: Natural Causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined ☐ Pending ☐

CERTIFIER

22a. CERTIFIER—SIGNATURE: [signature] M.D.
22b. NAME—(type or print), Degree or Title: George R. Nicholson, M.D.
23. MEDICAL INVESTIGATOR FOR: Klamath COUNTY
DATE SIGNED (month, day, year): July 31, 1972

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
24b. CEMETERY OR CREMATORY—NAME: Ashland Crematorium
24c. LOCATION (city or town, state): Ashland, Oregon
24d. DATE (month, day, year): August 1, 19
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: July 31, 1972
27. DATE RECEIVED BY STATE REGISTRAR: AUG 14 1972
28. RESERVED FOR REGISTRAR'S USE

182
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STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED: August 31, 1972

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 Health Division and in my official care and custody.

[signature]
STATE REGISTRAR

STATE OF OREGON 1859

VS-112 Rev. 7-71

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of JANET L. RING
this 10th day of OCTOBER A.D., 19 72 at 3:47 o'clock P.M., and duly recorded in
Vol. M 72, of DEEDS on Page 11586

WM. D. MILNE, County Clerk
By [signature]

Fee $2.00