

STATE OF OREGON-STATE BOARD OF HEALTH
Vital Statistics Section
73496
M73
1858

CERTIFICATE OF DEATH

DECEASED		DECEASED-NAME		First Middle Last		DATE OF DEATH (month, day, year)	
1. RACE White, Negro, American Indian, etc. (Specify)		2. SEX		3. AGE last birthday (years)		4. DATE OF BIRTH (month, day, year)	
5. COUNTY OF DEATH		6. CITY, TOWN, OR LOCATION OF DEATH		7. STATE OF BIRTH (if not in U.S.A., name country)		8. SOCIAL SECURITY NUMBER	
9. RESIDENCE-STATE		10. COUNTY		11. CITY, TOWN, OR LOCATION		12. PREDECESSOR'S NAME	
13. FATHER-NAME		14. MOTHER-NAME		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		16. NAME OF SPOUSE	
17. DEATH WAS CAUSED BY:		18. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)		19. KIN OF BUSINESS OR INDUSTRY		20. STREET AND NUMBER OR R.F.D.	
21. PART I. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)		22. AUTOPSY		23. IF YES, were findings considered in determining cause of death		24. APPROXIMATE INTERVAL between onset and death	
25. CAUSE		26. DATE OF INJURY		27. HOUR		28. HOW INJURY OCCURRED (enter nature of injury in Part I (a))	
29. INJURY AT WORK		30. PLACE OF INJURY at home, farm, street, factory, etc. (Specify)		31. LOCATION (street or R.F.D. No., city or town, county, state)		32. DATE OF DEATH	
33. CERTIFICATION		34. PHYSICIAN'S SIGNATURE		35. NAME (Type or print)		36. DATE SIGNED (month, day, year)	
37. PHYSICIAN'S SIGNATURE		38. NAME (Type or print)		39. DATE SIGNED (month, day, year)		40. DATE RECEIVED BY LOCAL REGISTRAR	
41. PHYSICIAN'S SIGNATURE		42. NAME (Type or print)		43. DATE SIGNED (month, day, year)		44. DATE RECEIVED BY STATE REGISTRAR	
45. PHYSICIAN'S SIGNATURE		46. NAME (Type or print)		47. DATE SIGNED (month, day, year)		48. DATE RECEIVED BY LOCAL REGISTRAR	
49. PHYSICIAN'S SIGNATURE		50. NAME (Type or print)		51. DATE SIGNED (month, day, year)		52. DATE RECEIVED BY STATE REGISTRAR	
53. PHYSICIAN'S SIGNATURE		54. NAME (Type or print)		55. DATE SIGNED (month, day, year)		56. DATE RECEIVED BY LOCAL REGISTRAR	
57. PHYSICIAN'S SIGNATURE		58. NAME (Type or print)		59. DATE SIGNED (month, day, year)		60. DATE RECEIVED BY STATE REGISTRAR	
61. PHYSICIAN'S SIGNATURE		62. NAME (Type or print)		63. DATE SIGNED (month, day, year)		64. DATE RECEIVED BY LOCAL REGISTRAR	
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89. PHYSICIAN'S SIGNATURE		90. NAME (Type or print)		91. DATE SIGNED (month, day, year)		92. DATE RECEIVED BY STATE REGISTRAR	
93. PHYSICIAN'S SIGNATURE		94. NAME (Type or print)		95. DATE SIGNED (month, day, year)		96. DATE RECEIVED BY LOCAL REGISTRAR	
97. PHYSICIAN'S SIGNATURE		98. NAME (Type or print)		99. DATE SIGNED (month, day, year)		100. DATE RECEIVED BY STATE REGISTRAR	

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.

(SEAL)

VELDON C. BOGE, M.D., Registrar Vital Statistics

By Marian Johnson, Deputy Registrar
Date OCT 30 1972

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Crane & Bailey, Attorneys at Law
this 21st day of February, A. D., 1973 at 2:31 o'clock P.M., and duly recorded in
Vol. M73, of Deeds on Page 1858

WM. D. MILNE, County Clerk
By Cynthia R. [Signature]

Fee \$2.00