

73735  
267

STATE OF OREGON—STATE BOARD OF HEALTH  
Vital Statistics Section  
CERTIFICATE OF DEATH

State File Number  
DATE OF DEATH (month, day, year)

DECEASED

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

1. DECEASED—NAME **ROBERT ROSS**  
2. SEX **Male**  
3. RACE **White**  
4. COUNTY OF DEATH **Klamath**  
5. CITY, TOWN, OR LOCATION OF DEATH **Klamath Falls**  
6. DATE OF BIRTH (month, day, year) **July 28, 1912**  
7. AGE (last birthday) **60**  
8. STATE OF BIRTH (if not in U.S.A., name of country) **USA**  
9. SOCIAL SECURITY NUMBER **700-12-6211**  
10. CITIZENSHIP (specify) **USA**  
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) **Married**  
12. RESIDENCE—STATE **Oregon**  
13. CITY, TOWN, OR LOCATION **Klamath Falls**  
14. STREET AND NUMBER OR R.D. **2020 Garden Avenue**  
15. FATHER—NAME **William — Ford**  
16. MOTHER—Name **Janet — Ross**  
17. INFORMANT—NAME and relationship to deceased **Janet Ring (Daughter)**  
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  
19. IMMEDIATE CAUSE  
20. INTERMEDIATE CAUSE  
21. CONDITION, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), (b), (c)  
22. LIVING CAUSE (a), (b), (c)

CAUSE

1. IMMEDIATE CAUSE  
2. INTERMEDIATE CAUSE  
3. CONDITION, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), (b), (c)  
4. LIVING CAUSE (a), (b), (c)

MEDICAL INVESTIGATOR

23. DATE OF INJURY (month, day, year) **July 28, 1972**  
24. INJURY AT WORK **Home**  
25. PLACE OF INJURY (a) home, farm, street, factory, office bldg., etc. (specify) **Home**  
26. LOCATION (street or R.F.D. No., city or town, county, state) **1733 Churchill Way, Klamath Falls, Klamath, Ore. 97601**  
27. CERTIFICATION—MEDICAL INVESTIGATOR: I CERTIFY that I took charge of the situation described above, viewed the body, made inquiry and in my opinion death resulted on or about: (specify month, day, year) **July 28, 1972**  
28. NAME (type or print) **George R. Nicholson, M.D.**  
29. DATE SIGNED (month, day, year) **July 31, 1972**  
30. LOCATION (city or town, state) **Ashtland, Oregon**  
31. BUREAU OF VITAL STATISTICS (street, city or town, state, zip) **Ashtland, Oregon**  
32. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) **Ward's Klamath Funeral Home Box 217, Klamath Falls, Ore. 97601**  
33. DATE RECEIVED BY LOCAL REGISTRAR **July 31, 1972**  
34. DATE RECEIVED BY STATE REGISTRAR

CERTIFIER

BURIAL

35. BUREAU OF VITAL STATISTICS (street, city or town, state, zip) **Ashtland, Oregon**  
36. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) **Ward's Klamath Funeral Home Box 217, Klamath Falls, Ore. 97601**  
37. DATE RECEIVED BY LOCAL REGISTRAR **July 31, 1972**  
38. DATE RECEIVED BY STATE REGISTRAR

13-107 R-70

ORIGINAL—VITAL STATISTICS COPY

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.

MARJORIE COMER, Registrar Vital Statistics

By Marjorie Comer, Deputy Registrar  
Date Aug 3 1972

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ganong, Ganong & Zamky, Attys.  
this 1st day of March A. D., 1973 at 1:17 o'clock P.M., and duly recorded in  
Vol. M73, of Deeds on Page 2149

Fee \$2.00

By WM. D. MILNE, County Clerk