

DECEASED		CHAPMAN		FAIRBANKS		DATE OF DEATH (month, day, year)	
1. RACE (specify)		2. SEX		3. AGE (last birthday)		4. DATE OF BIRTH (month, day, year)	
White		Male		74		April 3, 1973	
5. COUNTY OF DEATH		6. CITY, TOWN, OR LOCATION OF DEATH		7. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		8. HOSPITAL OR OTHER INSTITUTION-NAME (if not in either, give street and number)	
Klamath		Klamath Falls		Retired		1967 Auburn St.	
9. STATE OF BIRTH (if not in U.S.A., name country)		10. CITIZEN OF WHAT COUNTRY		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		12. NAME OF SPOUSE	
Oregon		USA		Married		Ethel Fairbank	
13. SOCIAL SECURITY NUMBER		14. RESIDENCE-STATE		15. CITY, TOWN, OR LOCATION		16. STREET AND NUMBER OR R.F.D.	
563-70-0001 A		Oregon		Klamath Falls		1967 Auburn St.	
17. FATHER-NAME		18. MOTHER-NAME		19. INFORMANT-NAME and relationship to deceased		20. APPROXIMATE INTERVAL between onset and death	
William Fairbank		Elizabeth Hyde		Ethel Fairbank		5 years	
PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR a, b, and c)							
a. <i>Cardiac</i>							
b. <i>Stroke</i>							
c. <i>HT. Spasms</i>							
PART II OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I							
1. ACCIDENT (specify yes or no)							
2. INJURY AT WORK (specify yes or no)							
3. CERTIFICATION- (specify yes or no)							
4. PHYSICIAN- (specify yes or no)							
5. PHYSICIAN- (specify yes or no)							
6. PHYSICIAN- (specify yes or no)							
7. PHYSICIAN- (specify yes or no)							
8. PHYSICIAN- (specify yes or no)							
9. PHYSICIAN- (specify yes or no)							
10. PHYSICIAN- (specify yes or no)							
11. PHYSICIAN- (specify yes or no)							
12. PHYSICIAN- (specify yes or no)							
13. PHYSICIAN- (specify yes or no)							
14. PHYSICIAN- (specify yes or no)							
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17. PHYSICIAN- (specify yes or no)							
18. PHYSICIAN- (specify yes or no)							
19. PHYSICIAN- (specify yes or no)							
20. PHYSICIAN- (specify yes or no)							
21. PHYSICIAN- (specify yes or no)							
22. PHYSICIAN- (specify yes or no)							
23. PHYSICIAN- (specify yes or no)							
24. PHYSICIAN- (specify yes or no)							
25. PHYSICIAN- (specify yes or no)							
26. PHYSICIAN- (specify yes or no)							
27. PHYSICIAN- (specify yes or no)							
28. PHYSICIAN- (specify yes or no)							

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.
VELDON C. BOGE, M.D., Registrar Vital Statistics
By Deborah J. Sisk, Deputy Registrar
Date APR 4 1973
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Ganong, Sisemore and Zamsky
this 19th day of April A.D., 1973 at 10:41 o'clock A M., and duly recorded in
Vol. M73, of Deeds on Page 4691
Fee \$2.00
WM. D. MILNE, County Clerk
By Lucia Quintana