

MAR 23 2 03 PM 1973  
103

75634

STATE OF OREGON-STATE BOARD OF HEALTH  
Vital Statistics Section  
Vol. 73 Page 4842

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED

Usual residence where deceased lived, if death occurred in institution, give name of institution before admission.

CAUSE

CERTIFIER

BURIAL

RESERVED FOR REGISTRAR'S USE

VS-2 B-69

1. DECEASED-NAME LESLE BURTON DAWSON		2. DATE OF BIRTH (month, day, year) March 20, 1972	
3. RACE, WHITE, Negro, American Indian, etc. (specify) White		4. SEX Male	
5. COUNTY OF DEATH Klamath		6. DATE OF DEATH (month, day, year) January 27, 1978	
7. STATE OF BIRTH (if not in U.S.A., name country) Oregon		8. SOCIAL SECURITY NUMBER 513-18-6034	
9. RESIDENCE-STATE Oregon		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. CITIZEN OF WHAT COUNTRY USA		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Farmer		14. KIND OF BUSINESS OR INDUSTRY Self	
15. FATHER-NAME Leslie Burton Dawson		16. MOTHER-Maiden Name Isabelle Victoria Cheyne	
17. DEATH WAS CAUSED BY: Immediate cause Inferior blood infection Atherosclerotic Heart Disease		18. DEATH OCCURRED (month, day, year) March 22, 1972	
19. PART II. OTHER SIGNIFICANT CONDITIONS, condition contributing to death but not related to cause given in Part I (a) D. Abdominal infection		20. AUTOPSY (yes or no) No	
21. ACCIDENT (specify yes or no) No		22. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) None	
23. INJURY AT WORK (specify yes or no) No		24. PLACE OF INJURY (home, farm, street, factory, etc. (specify)) None	
25. PHYSICIAN (specify yes or no) No		26. DATE RECEIVED BY STATE REGISTRAR March 22, 1972	
27. PHYSICIAN-SIGNATURE Kenneth K. Magee, M.D.		28. DATE RECEIVED BY LOCAL REGISTRAR March 22, 1972	
29. PHYSICIAN-ADDRESS Medical Dental Building, Klamath Falls, Oregon 97601		30. DATE RECEIVED BY STATE REGISTRAR March 22, 1972	
31. BIRTH, CREATION, REMOVAL, CEMETERY OR CREMATION-NAME Mt. Laki Cemetery		32. DATE RECEIVED BY STATE REGISTRAR March 22, 1972	
33. FUNERAL HOME-NAME AND ADDRESS Klamath Falls Funeral Home, Box 217, Klamath Falls, Ore. 97601		34. DATE RECEIVED BY STATE REGISTRAR March 22, 1972	
35. REGIONAL REGISTRAR-SIGNATURE Lucia Peristala		36. DATE RECEIVED BY STATE REGISTRAR March 22, 1972	
37. REGIONAL REGISTRAR-ADDRESS 2011 Westland K. D.		38. DATE RECEIVED BY STATE REGISTRAR March 22, 1972	

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.

NEIL BLACK, M.D., Registrar Vital Statistics

By Lucia Peristala, Deputy Registrar  
Date MAR 22 1972

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Louise Dawson

this 23rd day of April A.D., 1973 at 2:06 o'clock P M., and duly recorded in Vol. M73 of Deeds on Page 4842

Fee \$2.00

By Lucia Peristala  
WM. D. MILNE, County Clerk