

SEP 24 3 46 PM 1973

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Vol. 73, Page 12930

STATE OF OREGON—STATE BOARD OF HEALTH

Vital Statistics Section

CERTIFICATE OF DEATH

First		Middle		Last		State File Number	
DECEASED—NAME		WILLIS		KING		2 August 27, 1973	
1. RACE, White, Negro, American Indian, etc. (Specify)		3. SEX		4. AGE—last birthday (years)		5. DATE OF BIRTH (month, day, year)	
White		Male		80		September 10, 1892	
6. COUNTY OF DEATH		7. CITY, TOWN, OR LOCATION OF DEATH		8. CITIZEN OF WHAT COUNTRY		9. U.S.A.	
Klamath		Klamath Falls		U.S.A.			
10. SOCIAL SECURITY NUMBER		11. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		12. RETIRED—Clerk		13. KIND OF BUSINESS OR INDUSTRY	
513-10-1937-A						Zena J. King	
14. RESIDENCE—STATE		15. COUNTY		16. CITY, TOWN, OR LOCATION		17. INSIDE CITY LIMITS (Specify yes or no)	
Oregon		Klamath		Klamath Falls		Yes	
18. FATHER—NAME		19. MOTHER—Name		20. FIRST MIDDLE LAST		21. INFORMANT—NAME and relationship to deceased	
Thomas R. King		Minta — Hays		Zena J. King (Wife)			
22. DEATH WAS CAUSED BY:		23. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))		24. (a) Cause		25. (b) Cause	
				Lung		Lung	
26. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)		27. (c) Cause		28. (d) Cause		29. (e) Cause	
30. CAUSE		31. DATE OF INQUIRY		32. HOUR		33. HOW INQUIRY OCCURRED (enter nature of inquiry in Part I or Part II, item 18)	
		206. (month, day, year)		207. M. 208. P.		199. NO 200. YES	
34. INQUIRY AT WORK		35. PLACE OF INQUIRY at home, farm, street, factory, office bldg., etc. (Specify)		36. LOCATION (street or R.F.D. No., city or town, county, state)		37. AUTOPSY (yes or no)	
209. (Specify yes or no)		210. (Specify yes or no)		211. (Specify yes or no)		212. (Specify yes or no)	
213. CERTIFICATION—		214. PHYSICIAN—		215. DATE OF INQUIRY		216. DEATH OCCURRED	
month day year		month day year		month day year		month day year	
217. PHYSICIAN'S SIGNATURE		218. NAME (type or print)		219. DEGREE or Title		220. DATE SIGNED (month, day, year)	
J. B. Hoffmeyer, M.D.		John Herrington, M.D.		M.D.		Aug 25 1973	
221. MAILING ADDRESS—PHYSICIAN		222. STREET		223. CITY or town		224. STATE	
303 Pine Street		Klamath Falls		Oregon		97601	
225. BURIAL		226. CEMETERY OR CREMATION—NAME		227. LOCATION		228. DATE (mo., day, year)	
Burial		Eternal Hills		Klamath Falls, Oregon		24 Aug. 30, 1973	
229. FUNERAL DIRECTOR—SIGNATURE		230. FUNERAL HOME—NAME AND ADDRESS		231. STREET, city or town, state, zip		232. DATE RECEIVED BY LOCAL REGISTRAR	
Cecil L. Ladd		Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601				DATE RECEIVED BY STATE REGISTRAR	
233. REGISTRAR—SIGNATURE		234. DATE RECEIVED BY LOCAL REGISTRAR		235. DATE RECEIVED BY STATE REGISTRAR		236. SIGNATURE	
Marian Chapman		AUG 28 1973				237. SIGNATURE	
238. ALTERED FOR REGISTRAR'S USE		239. SIGNATURE		240. SIGNATURE		241. SIGNATURE	
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