

52

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

483

CERTIFICATE OF DEATH

DATE OF BIRTH (month, day, year)
December 27, 1892

DATE OF DEATH (month, day, year)
February 11, 1892

Local File Number

First Middle Last

DECEASED—NAME Leslie Lee Maxwell

1. RACE—(Specify) White

2. SEX Male

3. AGE—(Specify) 61

4. CITY, TOWN, OR LOCATION OF BIRTH Klamath Falls

5. CITIZEN OF WHAT COUNTRY U.S.A.

6. USUAL OCCUPATION (give kind of work done during most of life, even if retired) none

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. STATE OF BIRTH (name country) U.S.A.

9. SOCIAL SECURITY NUMBER 54-42-9530 A

10. KIND OF BUSINESS OR INDUSTRY Cattle

11. NAME OF SPOUSE Dr. Maxwell

12. RESIDENCE—STATE Oregon

13. CITY, TOWN, OR LOCATION BONANZA

14. STREET AND NUMBER OR R.F.D. Box 96

15. FATHER—NAME George W. Maxwell

16. MOTHER—(Maiden Name) Molly Sparks

17. INFORMATION—NAME and relationship to deceased Dr. Maxwell, wife

18. DEATH WAS CAUSED BY: (a) AS A RESULT OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS

19. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)

20. DEATH OCCURRED (a) at the place, on the date, at my house, (b) at the place, on the date, at my house, (c) elsewhere, due to the cause(s) stated.

21. DATE SIGNED (month, day, year) DEC 28 1973

CAUSE

CONDITIONS, if any, which may be due to immediate cause (a), stating the underlying cause (b).

(c) OTHER SIGNIFICANT CONDITIONS contributing to death but not related to cause given in Part I (a)

22. PHYSICIAN—SIGNATURE

23. MARRIAGE ADDRESS—PHYSICIAN

24. FUNERAL CREATION, REMOVAL, MAINTENANCE (Specify) Burial

25. FUNERAL DIRECTOR—SIGNATURE

26. REGISTRAR—SIGNATURE

27. CITY, TOWN, OR LOCATION Klamath Falls

28. STATE Oregon

29. DATE SIGNED (month, day, year) 12-31-73

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 Marian Chapman, Deputy Registrar
Date JAN 3 1974 19

Date _____
VOID IF ALTERED

X. 4,
STATE OF OREGON; COUNTY OF KLAMATH; ss.
Ramirez & Hunt

STATE OF OREGON; COUNTY OF KLAMATH; ss. _____
 Filed for record at request of Remirez & Hosts, Attorneys at Law
 this 3rd day of January A. D., 1974 at 3:34 o'clock P.M., and duly recorded in
 Vol. M 74, of Deeds on Page 69
 WM. D. MILNE, County Clerk
 Depy

on Page 69
By WM. D. MILNE, County Clerk
Mary L. Lindsay Deputy
fee 2.00