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86746 Vol M74 Page 3318

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 72

State File Number:

DECEASED

1. Deceased—Name (First, Middle, Last)	Walter Orville Workman
2. Date of Death (month, day, year)	March 4, 1974
3. Race (White, Negro, American Indian, etc.) (specify)	White
4. Sex	Male
5a. Age—Last birthday (years)	84
5b. Under 1 year (mos., days)	
5c. Under 1 day (hours, min.)	
6. Date of Birth (month, day, year)	June 23, 1889
7a. County of Death	Klamath
7b. City, Town, or Location of Death	Klamath Falls
7c. Inside City Limits (specify yes or no)	Yes
7d. Hospital or Other Institution—Name (if not in either, give street and number)	Washburn Manor
8. State of Birth (if not in U.S.A., name country)	Oregon
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced (specify)	Widowed
11. Name of Spouse	--
12. Social Security Number	541-03-7158 A
13a. Usual Occupation (give kind of work done during most of working life, even if retired)	Logger; Superintendant
13b. Kind of Business or Industry	Timber
14a. Residence—State	Oregon
14b. County	Klamath
14c. City, Town, or Location	Klamath Falls
14d. Inside City Limits (specify yes or no)	Yes
14e. Street and Number or R.F.D.	151 Williams St.
15. Father—Name (first, middle, last)	Philip Workman
16. Mother—Maiden Name (first, middle, last)	Maria L. Forbes
17. Informant—Name and relationship to deceased	Robert Workman, son

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

CAUSE

(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

Part I. 18. Death was caused by:		Approximate interval between onset and death
Immediate cause (a)	Respiratory failure	1 hr
Due to, or as a consequence of: (b)	Pneumonitis	1 week
Due to, or as a consequence of: (c)	Chronic coronary bronchiectasis	2 years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

Part II. Other significant conditions: conditions contributing to death but not related to cause given in Part I (a): ASHD

19a. Autopsy (yes or no): Yes

19b. If yes were findings considered in determining cause of death: No

20a. Accident (specify yes or no)	
20b. Date of Injury (month, day, year)	
20c. Hour	M.
20d. How Injury Occurred (enter nature of injury in part I or part II, item 18)	
20e. Injury at Work (specify yes or no)	
20f. Place of Injury at home, farm, street, factory, office bldg., etc. (specify)	
20g. Location (street or R.F.D. No., city or town, county, state)	

CERTIFIER

21. Certification—Physician: I attended the deceased from 11 1 1972 to March 4, 1974 and last saw him/her alive Feb. 28, 1974. I did/did not view the body after death (specify): did not. Death occurred (hour) 5:40 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. Physician—Signature	[signature]
22b. Name (type or print)	Blake Berven
Degree or Title	M.D.
22c. Date Signed (month, day, year)	March 5, 1974
23. Mailing Address—Physician	207 Medical Dentl. Bld, Klamath Falls, Oregon 97601

BURIAL

24a. Burial, Cremation, Removal, Maus. (specify)	Cremation
24b. Cemetery or Crematory—Name	Ashland Crematory
24c. Location (city or town, state)	Ashland, Oregon
24d. Date (mo., day, year)	3-8-74
25a. Funeral Director—Signature	[signature]
25b. Funeral Home—Name and Address (street, city or town, state, zip)	O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. Registrar—Signature	[signature]
26b. Date Received by Local Registrar	MAR 5 1974
27. Date Received by State Registrar	
28. Reserved for Registrar's Use	

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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 [signature] Deputy Registrar

Date MAR 5 1974 19

VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Goakey & Harnish, Attorneys at Law

this 12th day of March A. D., 19 74 at 2:08 o'clock P. M., and duly recorded in

Vol. M 74, of Deeds on Page 3318

WM. D. MILNE, County Clerk

By [signature] Deputy

Fee 2.00