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270

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

JUN 20 12 32 PM 1973
Vol. 74 Page 3581

DECEASED - NAME		JOHN	ROBBINS	DATE OF BIRTH (month, day, year)	June 25, 1973		
RACE (Specify)		White	SEX	Male	DATE OF BIRTH (month, day, year)	April 18, 1896	
COUNTY OF DEATH		Klamath	CITY, TOWN, OR LOCATION OF DEATH	Klamath Falls	HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)		
STATE OF BIRTH (If not in U.S.A., name country)		OREGON	CITIZEN OF WHAT COUNTRY	U.S.A.	NAME OF SPOUSE		
SOCIAL SECURITY NUMBER		511-07-1170-4	USUAL OCCUPATION (give kind of work done during most of working life, even retired)	Trucking company	11. Lena Robbins		
RESIDENCE - STATE		OREGON	CITY, TOWN, OR LOCATION	Klamath Falls	12. 2405 Gettle		
FATHER - NAME		Lyman	MOTHER - Maiden Name	Anna Baet	13. Lena Robbins (Wife)		
DEATH WAS CAUSED BY:		Respiratory Depression				14. 2405 Gettle	
CAUSE		Cerebral Edema				15. Lena Robbins (Wife)	
PART II. OTHER SIGNIFICANT CONDITIONS:		condition contributing to death but not related to cause given in Part I (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l), (m), (n), (o), (p), (q), (r), (s), (t), (u), (v), (w), (x), (y), (z)				16. 2405 Gettle	
ACCIDENT - INJURY AT WORK		DATE OF INJURY (month, day, year)		HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)		17. 2405 Gettle	
CERTIFICATION - I attended the deceased from:		month day year		DATE SIGNED (month, day, year)		18. 2405 Gettle	
PHYSICIAN - SIGNATURE		NAME (first or print)		DEGREE OR TITLE		19. 2405 Gettle	
MAILING ADDRESS - PHYSICIAN		STREET		CITY OR TOWN		20. 2405 Gettle	
FUNERAL, CREMATION, REMOVAL		CEMETERY OR CREMATION - NAME		LOCATION		21. 2405 Gettle	
FUNERAL DIRECTOR - SIGNATURE		NAME (first or print)		CITY OR TOWN		22. 2405 Gettle	
FUNERAL HOME - NAME AND ADDRESS		CITY OR TOWN		STATE		23. 2405 Gettle	
REGISTRAR - SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		DATE RECEIVED BY STATE REGISTRAR		24. 2405 Gettle	
RESERVED FOR REGISTRAR'S USE		DATE RECEIVED BY LOCAL REGISTRAR		DATE RECEIVED BY STATE REGISTRAR		25. 2405 Gettle	

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 Marianne Robbins, Deputy Registrar
Date JUN 20 1973

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of LENA ROBBINS
this 20th day of MAR CH A. D., 1974 at 12:32 o'clock P M., and duly recorded in
Vol. M 74 of DFEDS on Page 3581

FFB \$ 2.00

WM. D. MILNE, County Clerk

By Hazel Hazel Deputy