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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

122 Local File Number

CERTIFICATE OF DEATH

'74 005495 State File Number

1. DECEASED—NAME: First Robert Middle F. Last Legatt
2. DATE OF DEATH (month, day, year): April 4, 1974
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—last birthday (years): 58
5b. Under 1 Year: mos. / days
5c. Under 1 Day: hours / min.
6. DATE OF BIRTH (month, day, year): March 23, 1916
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): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (if not in U.S.A., name of country): Kentucky
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: ---
12. SOCIAL SECURITY NUMBER: 562-48-4132
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Boiler Maker
13b. KIND OF BUSINESS OR INDUSTRY: Shipyards
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR RFD: 875 A. Vincent Dr.
15. FATHER—NAME first middle last: Estelle Legatt
16. MOTHER—Maiden Name first middle last: Verlie Fort
17. INFORMANT—NAME and relationship to deceased: Lisa Kostner, Daughter

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. Immediate Cause (a) Massive aspiration of gastric contents — approximate interval between onset and death: minutes
due to, or as a consequence of:
Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last: (b) Portal cirrhosis, severe — years
due to, or as a consequence of:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)

19a. AUTOPSY (yes or no): Yes
19b. IF YES were findings considered in determining cause of death: Yes

20a. DATE OF INJURY (month, day, year)
20b. HOUR
20c. HOW INJURY Ooccurred (enter nature of injury in Part I or Part II, item 18)
20d. INJURY AT WORK (specify yes or no)
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20f. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFICATION—MEDICAL INVESTIGATOR:
I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about

21a. DEATH OCCURRED (hour): 2:55 P. M.
21b. THE DECEDENT WAS PRONOUNCED DEAD (month, day, year, hour): April 4, 1974 2:55 P. M.
21c. FROM: Natural Causes [X] Homicide [ ] Accident [ ] Undetermined [ ] Suicide [ ] Pending [ ]

22a. CERTIFIER—SIGNATURE MEDICAL INVESTIGATOR: Veldon C Boge M.D.
22b. NAME (type or print): Veldon C. Boge
Degree or Title: M.D.
23. FOR: Klamath COUNTY
DATE SIGNED (month, day, year): May 3, 1974

24a. BURIAL, CREMATION, REMOVAL, MAUSE (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Olivet Cemetery
LOCATION city or town: Colma
state: California
24d. DATE (month, day, year): 4-9-74

25a. FUNERAL DIRECTOR—SIGNATURE: Mike O'Hair
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97

26a. REGISTRAR—SIGNATURE RESERVED FOR REGISTRAR'S USE: Reinhold Murphy
26b. DATE RECEIVED BY LOCAL REGISTRAR: May 3, 1974
27. DATE RECEIVED BY STATE REGISTRAR: MAY 13 1974
28.

VS-107 R-70

ORIGINAL — VITAL STATISTICS COPY

STATE OF OREGON
County of Multnomah ss.

DATE ISSUED JUNE 20 1974

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Health Division and in my official care and custody.

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH: ss.

Filed for record at request of MARTIN KOSTNER
this 25th day of JUNE A. D., 1974 at 1:56 o'clock P M., and duly recorded in
Vol. M-74, of DEEDS on Page 7807

RV: Martin Kostner 875-A - Vincent Dr. K.F.

FEE $ 2.00

WM. D. MILNE, County Clerk
By Margaret Deputy