

RECEIVED JAN 2 1966

STATE OF ARIZONA DEPARTMENT OF REVENUE

Viral Statistics Section

CERTIFICATE OF DEATH

State File Number

941
Vol. 175 Page 941

941

DECEASED		JAMES		FRANK		JUMP		DATE OF BIRTH (month, day, year)							
1. RACE	White, Negro, American Indian, etc. (specify)	2. SEX	Male	3. AGE - last birthday (years)	4. DATE OF BIRTH (month, day, year)	5. UNDER 1 day	6. DATE OF BIRTH (month, day, year)	7. 2	July 14, 1974						
8. COUNTY OF DEATH	Clatsop	9. CITY, TOWN, OR LOCATION OF DEATH	Walla Walla	10. CITIZEN OF WHAT COUNTRY	USA	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	12. YES	13. HOSPITAL OR OTHER INSTITUTION - NAME (if not in other, give street and number)	14. June 22, 1975						
15. SOCIAL SECURITY NUMBER	510-18-0017	16. RESIDENCE - STATE	Oregon	17. CITY, TOWN, OR LOCATION	Walla Walla	18. INSIDE CITY LIMITS (specify yes or no)	YES	19. STREET AND NUMBER OR E.F.F.	722 Roseway Drive						
20. NAME - FIRST	Charles Walter	21. MIDDLE	Jump	22. LAST	Ethel Mae	23. INFORMANT - NAME and relationship to deceased	24. Nora Jump (Wife)	25. APPROXIMATE INTERVAL between onset and death	Terminal						
<p>CAUSE</p> <p>CONDITIONS, if any, which gave rise to the death, starting the underlying cause last:</p> <p>(1) <i>Arterio-sclerotic failure</i></p> <p>(2) <i>Myocardial infarction</i></p> <p>(3) <i>Infection</i></p>															
<p>PART II. OTHER SIGNIFICANT CONDITIONS, conditions contributing to death but not related to cause given in Part I (a)</p> <p>1. ACCIDENT (specify yes or no)</p>										2. DATE OF INJURY (month, day, year)	3. HOUR	4. LOCATION (street or R.D. No., city or town, county, state)	5. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)	6. AUTOPSY (yes or no)	7. IF YES, were findings considered in determining cause of death
1. INJURY AT WORK (specify yes or no)	2. DATE OF INJURY (month, day, year)	3. HOUR	4. LOCATION (street or R.D. No., city or town, county, state)	5. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)	6. AUTOPSY (yes or no)	7. IF YES, were findings considered in determining cause of death									
1. CERTIFICATION - month	2. day	3. year	4. month	5. day	6. year	7. And last Saw Him After	8. Did/Did Not	9. after death (specify)	10. Did						
1. PHYSICIAN, name and address	2. Mar 21 '66	3. 10	4. July 14 '66	5. 14	6. Apr.	7. 71	8. Did	9. degree or title	10. DATE SIGNED (month, day, year)						
1. SIGNATURE	2. M.D.	3. NAME (type or print)	4. NAME (type or print)	5. NAME (type or print)	6. NAME (type or print)	7. NAME (type or print)	8. NAME (type or print)	9. NAME (type or print)	10. NAME (type or print)						
1. MAINING ADDRESS - PHYSICIAN	2. 2628 Cammus Drive, Klamath Falls, Oregon 97601	3. 26. Earlle M. Lavey, M.D.	4. 26. Earlle M. Lavey, M.D.	5. 26. Earlle M. Lavey, M.D.	6. 26. Earlle M. Lavey, M.D.	7. 26. Earlle M. Lavey, M.D.	8. 26. Earlle M. Lavey, M.D.	9. 26. Earlle M. Lavey, M.D.	10. 26. Earlle M. Lavey, M.D.						
1. FUNERAL CREATION, REMOVAL, etc. (specify)	2. 26. Eternal Hills	3. 26. Eternal Hills	4. 26. Eternal Hills	5. 26. Eternal Hills	6. 26. Eternal Hills	7. 26. Eternal Hills	8. 26. Eternal Hills	9. 26. Eternal Hills	10. 26. Eternal Hills						
1. FUNERAL DIRECTOR'S SIGNATURE	2. 26. Eternal Hills	3. 26. Eternal Hills	4. 26. Eternal Hills	5. 26. Eternal Hills	6. 26. Eternal Hills	7. 26. Eternal Hills	8. 26. Eternal Hills	9. 26. Eternal Hills	10. 26. Eternal Hills						
1. FUNERAL HOME - NAME AND ADDRESS	2. 26. Eternal Hills	3. 26. Eternal Hills	4. 26. Eternal Hills	5. 26. Eternal Hills	6. 26. Eternal Hills	7. 26. Eternal Hills	8. 26. Eternal Hills	9. 26. Eternal Hills	10. 26. Eternal Hills						
1. DATE RECEIVED BY LOCAL REGISTRAR	2. 26. Eternal Hills	3. 26. Eternal Hills	4. 26. Eternal Hills	5. 26. Eternal Hills	6. 26. Eternal Hills	7. 26. Eternal Hills	8. 26. Eternal Hills	9. 26. Eternal Hills	10. 26. Eternal Hills						
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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 Winifred Murphy, Deputy Registrar
Date Jul 18 1919

VOID IF ALTERED

Ref: Diana Jump
722 - Conway Dr.
City

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of NORA JUMP

this 21st day of January A. D., 19 75 at 11:35 o'clock A.M., and duly recorded in
Vol. M 75, of DEEDS on Page 941.

FEE \$ 2.00

WM. D. MILNE, County Clerk

By Isabel Brazil Deputy