1329 CERTIFICATE OF DEATH Vol. M75 6170
STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS 5100-181

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. Name of deceased—first name: Nancy	1b. Middle name: Ann	1c. Last name: Llewellyn	2a. Date of death: Aug. 30, 1974 — 2b. Hour: 3:15 P. M.
3. Sex: Female	4. Color or race: White	5. Birthplace: California	6. Date of birth: Jan. 31, 1945 — 7. Age: 29 years
8. Name and birthplace of father: Luther Sexton - Oklahoma		9. Maiden name and birthplace of mother: Effie Chambers - Arkansas	
10. Citizen of what country: U. S. A.	11. Social security number:	12. Married, never married, widowed, divorced: Divorced	13. Name of surviving spouse: -
14. Last occupation: Homemaker	15. Number of years in this occupation: yrs	16. Name of last employing company or firm: —	17. Kind of industry or business: At home

PLACE OF DEATH

18a. Place of death: Feather River at Oak Park Live	18b. Street address: East end of Pennington Rd		18c. Inside city corporate limits: No
18d. City or town: Live Oak	18e. County: Sutter	18f. Length of stay in county of death: 5 days	18g. Length of stay in California: 5 Days

USUAL RESIDENCE

19a. Usual residence: Star Rt. Box 89 A.	19b. Inside city corporate limits: No	20. Name and mailing address of informant: Lorene Llewellyn, Rt. Box 237, Tulelake, California	
19c. City or town: Malin	19d. County: Klamath	19e. State: Oregon	

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. Coroner — 21b. Physician — 21c. Physician or coroner signature: [signature] — 21d. Date signed: 9-3-74
21e. Address: Courthouse, Yuba City, Ca.

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. Specify burial, entombment or cremation: Burial	22b. Date: 9/3/74	23. Name of cemetery or crematory: Maline Cemetery, Maline, Oregon.	24. Embalmer—signature: [signature] License number: 3138
25. Name of funeral director: Ullrey Memorial Chapel	26. If not certified by coroner was this death reported to coroner:	27. Local registrar—signature: [signature] M.D.	28. Date received for registration by local registrar: 9-3-74

MEDICAL AND HEALTH DATA — CAUSE OF DEATH

29. Part I. Death was caused by: Enter only one cause per line for A, B, and C
(A) Immediate cause: Drowning
(B) Due to, or as a consequence of: Asphexia
(C) Due to, or as a consequence of:
Approximate interval between onset and death
30. Part II: Other significant conditions — 31. Was operation or biopsy performed — 32a. Autopsy: Yes — 32b. If yes were findings considered in determining cause of death: Yes

INJURY INFORMATION

33. Specify accident, suicide or homicide: Accident	34. Place of injury: Feather River	35. Injury at work: No	36a. Date of injury: Aug. 30, 1974 — 36b. Hour:
37a. Place of injury: East end of Pennington Road Live Oak Park	37b. Distance from place of injury to usual residence: 250 miles	38. Were laboratory tests done for drugs or toxic chemicals: No	39. Were laboratory tests done for alcohol: No

40. Describe how injury occurred: Drown while attempting to save Vernon Llewellyn

STATE REGISTRAR: A. B. C. D. E. F.

CERTIFICATION

THIS IS TO CERTIFY THAT the above is a true and correct copy of statements appearing on the death certificate of said person, as filed in the records of this office.

Issued *Sept 6, 1974* Yuba City, California

Rae C. Lindsay M.D.
Rae C. Lindsay, M. D.
Health Officer

Ret. Harley G. Llewellyn Star Rt Box 89-A Malin, Ore

RECEIVED JUN 3 1975 *2:00 pm*

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of HARLEY G. LLEWELLYN
this 3rd day of June A. D., 19 75 at 2:00 o'clock P.M., and duly recorded in
Vol. M 75, of DEEDS on Page 6170
FEES 2.00 WM. D. MILNE, County Clerk
Hazel Draizel