

2289

STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

Vol. 75 Page 7394

CERTIFICATE OF DEATH

DECLAIDED NAME		First		Middle		Last		State File Number	
ROBERT		AUGUST		WALTON		2		June 23, 1975	
1. RACE White, Negro, American Indian, etc. (Specify)		SEX		AGE - last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
White		Male		72		Under 1 year		August 18, 1902	
2. COUNTY OF DEATH		3. CITY, TOWN, OR LOCATION OF DEATH		4. MARITAL STATUS (Specify)		5. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street, lot number)		6. INTERVIEWER (Name and address)	
Klamath		Klamath Falls		Married		Hospice		Intercommunity	
7. STATE OF BIRTH (If not in U.S., give country)		8. SOCIAL SECURITY NUMBER		9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. NAME OF SPOUSE	
Oregon		102-01-0372		Teacher - Retired		Never Married		Sarah Walton	
12. RESIDENCE - STATE		13. CITY, TOWN, OR LOCATION		14. INSIDE CITY LIMITS (Specify yes or no)		15. STREET AND NUMBER OR R.F.D.		2006 Fargo	
Oregon		Klamath Falls		Yes		J.C. Penney Co.			
16. FATHER - NAME		17. MOTHER - Maiden Name		18. DEATH WAS CAUSED BY		19. APPROXIMATE INTERVAL between onset and death			
Thomas - Walton		Jennie E. Imman		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))		3-5 min			
20. DEATH WAS CAUSED BY		21. IMMEDIATE CAUSE		22. DUE TO, OR AS A CONSEQUENCE OF:		23. AUTOPSY (Yes or no)		24. IF YES, were findings considered in determining cause of death	
Cardiac & Deep Aneurysm		Sepsis		Molasses Hepatoma		Yes		3 months	
25. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a), (b), and (c)		26. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18)		27. DATE SIGNED (month, day, year)		28. DATE RECEIVED BY LOCAL REGISTRAR		JUN 27 1975	
				JUN 27 1975		JUN 27 1975		JUN 27 1975	

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 Marian Johnson, Deputy Registrar
Date JUN 27 1975

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Sarah WaltonFiled for record at request of _____
this 30th day of June A.D., 1975 at 3:15 o'clock P.M., and duly recorded in
Vol. M 75 of Deeds on Page 7394By WM. D. MILNE, County Clerk
Deputy

Fee \$2.00

VS-2 R-65