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STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

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3227

79

CERTIFICATE OF DEATH

State File Number

Local File Number

CLEANED NAME First Middle Last Joseph Riddle Campbell		DATE OF DEATH (month, day, year) March 1, 1976	
1. RACE White	2. SEX Male	3. AGE - Last birthday (years) 90	4. DATE OF BIRTH (month, day, year) June 12, 1885
5. COUNTY OF DEATH Klamath	6. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	7. USUAL OCCUPATION (give kind of work done during last year if retired) Retired	8. HOSPITAL OR OTHER INSTITUTION - NAME (if not in other, give street and number) Klamath Co. Nursing Home
9. STATE OF BIRTH U.S.A.	10. CITIZEN OF WHAT COUNTRY U.S.A.	11. NAME OF SPOUSE Ruby M. Campbell	12. DATE OF MARRIAGE (month, day, year) Not married
13. SOCIAL SECURITY NUMBER 511-05-1334	14. RESIDENCE - STATE Oregon	15. CITY, TOWN, OR LOCATION Klamath Falls	16. KIND OF BUSINESS OR INDUSTRY Petroleum
17. FATHER - First middle last William Clarence Campbell	18. MOTHER - Maiden name - first middle last Eva May Bennett	19. STREET AND NUMBER OR R.F.D. 5543 Summers Lane	20. INFORMATION - Name and relationship to deceased Ruby M. Campbell, Wife

CAUSE

1. ACCIDENT (Specify yes or no) _____ DATE OF INJURY (month, day, year) _____ HOUR _____

2. INJURY AT WORK (Specify yes or no) _____ PLACE OF INJURY (office, factory, etc. (Specify)) _____ LOCATION (street or R.F.D. No., city or town, county, state) _____

3. CERTIFICATION - (Specify yes or no) _____ DATE (month, day, year) _____ MONTH _____ DAY _____ YEAR _____

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CONDITIONS, IF ANY, WHICH MAY BE 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) _____

FATHER - First middle last William Clarence Campbell		MOTHER - Maiden name - first middle last Eva May Bennett	
19. STREET AND NUMBER OR R.F.D. 5543 Summers Lane		20. INFORMATION - Name and relationship to deceased Ruby M. Campbell, Wife	
21. CITY, TOWN, OR LOCATION Klamath Falls		22. STATE Oregon	
23. COUNTY OF DEATH Klamath		24. DATE OF DEATH (month, day, year) March 1, 1976	
25. USUAL OCCUPATION (give kind of work done during last year if retired) Retired		26. HOSPITAL OR OTHER INSTITUTION - NAME (if not in other, give street and number) Klamath Co. Nursing Home	
27. STATE OF BIRTH U.S.A.		28. CITIZEN OF WHAT COUNTRY U.S.A.	
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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 Marion Sherman, Deputy RegistrarDate MAR 3 1976

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 24th day of MARCH A.D., 19 76 at 2:24 o'clock P.M., and duly recorded in Vol. 76 of 76 on Page 3227.FEE \$ 3.00

WM. D. MILNE, County Clerk

By Hazel Prange Deputy

VS 2 R 89