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STATE OF OREGON - HEALTH DIVISION

Vital Statistics Section

Local File Number 79

CERTIFICATE OF DEATH

State File Number

DECEASED

Usual residence of decedent at time of death. If death occurred in institution, give name of institution.

1. NAME (Last, first, middle)	Joseph	2. SEX	Male	3. AGE (at birth)	90	4. DATE OF BIRTH (month, day, year)	March 1, 1976
5. RACE	White	6. CITY, TOWN, OR LOCATION OF BIRTH	Klamath Falls	7. CITY, TOWN, OR LOCATION OF DEATH	Klamath Falls	8. DATE OF DEATH (month, day, year)	June 12, 1985
9. USUAL RESIDENCE (give kind of work done during most of last year if retired)	U.S.A.	10. MARITAL STATUS (Specify yes or no)	Married, never married	11. NAME OF SPOUSE	Ruby M. Campbell	12. HOSPITAL OR OTHER INSTITUTION (Name if not in either, give street and number)	Klamath Co. Nursing Home
13. SOCIAL SECURITY NUMBER	511-05-1334	14. USUAL OCCUPATION (give kind of work done during most of last year if retired)	Retired	15. KIND OF BUSINESS OR INDUSTRY	Pertholom	16. STREET AND NUMBER OR R.F.D.	5543 Summers Lane
17. RESIDENCE - STATE	Oregon	18. CITY, TOWN, OR LOCATION	Klamath Falls	19. INFORMANT - NAME and relationship to deceased	Ruby M. Campbell, wife	20. APPROXIMATE INTERVAL between onset and death	Long-term

CAUSE

1. ACCIDENT (Specify yes or no)	2. DATE OF INJURY (month, day, year)	3. HOUR	4. HOW INJURY OCCURRED (Enter nature of injury in part I or part II, item 18)	5. AUTOBIOGRAPHY (yes, no)	6. IF YES, were findings considered in determining cause of death
20a. INJURY AT WORK (Specify yes or no)	20b. PLACE OF INJURY (office, home, etc. (Specify))	20c. LOCATION (street or R.F.D. No., city or town, county, state)	20d. DATE OF INJURY (month, day, year)	20e. TIME OF INJURY (hour, minute)	20f. TIME OF DEATH (hour, minute)
20g. CERTIFICATION - (Specify yes or no)	20h. DATE (month, day, year)	20i. TIME (hour, minute)	20j. PLACE (city, town, county, state)	20k. DATE SIGNED (month, day, year)	20l. TIME SIGNED (hour, minute)

CERTIFIER

1. NAME (Last, first, middle)	2. ADDRESS (Street, city, town, county, state)	3. DATE SIGNED (month, day, year)	4. TIME SIGNED (hour, minute)
20a. NAME (Last, first, middle)	20b. ADDRESS (Street, city, town, county, state)	20c. DATE SIGNED (month, day, year)	20d. TIME SIGNED (hour, minute)

ME

1. NAME (Last, first, middle)	2. ADDRESS (Street, city, town, county, state)	3. DATE SIGNED (month, day, year)	4. TIME SIGNED (hour, minute)
20a. NAME (Last, first, middle)	20b. ADDRESS (Street, city, town, county, state)	20c. DATE SIGNED (month, day, year)	20d. TIME SIGNED (hour, minute)

BURIAL

1. NAME (Last, first, middle)	2. ADDRESS (Street, city, town, county, state)	3. DATE SIGNED (month, day, year)	4. TIME SIGNED (hour, minute)
20a. NAME (Last, first, middle)	20b. ADDRESS (Street, city, town, county, state)	20c. DATE SIGNED (month, day, year)	20d. TIME SIGNED (hour, minute)

1. NAME (Last, first, middle)	2. ADDRESS (Street, city, town, county, state)	3. DATE SIGNED (month, day, year)	4. TIME SIGNED (hour, minute)
20a. NAME (Last, first, middle)	20b. ADDRESS (Street, city, town, county, state)	20c. DATE SIGNED (month, day, year)	20d. TIME SIGNED (hour, minute)

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 J. Chapman, Deputy Registrar
Date MAR 7 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 8th day of MARCH, A.D., 19 76 at 2:24 o'clock P.M., and duly recorded in Vol. 1176 of 0000 on Page 3227.FEE \$ 3.00

WM. D. MILNE, County Clerk

By Hazel B. Borge, Deputy