

11902

76 MAR 29

Vital Statistics Section

Vol. 76 Page 4411

CERTIFICATE OF DEATH

DECEASED NAME First Middle Last Virgil Boomer		DATE OF DEATH (month, day, year) March 1, 1976	
1. RACE White, Negro, American Indian, etc. (specify) White	2. SEX Male	3. AGE Last birthday (years, months, days) Under 1 mos. 1 day 1 hr. 1 min.	4. DATE OF BIRTH (month, day, year)
5. COUNTY OF DEATH Multnomah	6. CITY, TOWN, OR LOCATION OF DEATH Portland	7. HOSPITAL OR OTHER INSTITUTION-NAME (if not in entry, give street and number) Veterans Administration	8. NAME OF SPOUSE
9. STATE OF BIRTH (If not in U.S.A., name country) Oregon	10. CITIZEN OF WHAT COUNTRY USA	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Never married	12. SOCIAL SECURITY NUMBER 351 16 5909
13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Construction	14. KIND OF BUSINESS OR INDUSTRY Construction	15. RESIDENCE-STATE Oregon	16. COUNTY Klamath
17. CITY, TOWN, OR LOCATION Klamath Falls	18. INSIDE CITY LIMITS (specify yes or no) Yes	19. STREET AND NUMBER OR R.F.D. 3207 1st St.	20. FATHER-NAME first middle last Jesse Daniel Boomer
21. MOTHER-Maiden Name first middle last Pearl Hawkins	22. VA Records	23. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) (a) Tension Pneumothorax (b) Branchial Pleural Fistula (c) Bacterial Pulmonary Abscess Hypertrophic Subaortic Stenosis	24. AUTOPSY (yes or no) Yes
25. ACCIDENT (specify yes or no) No	26. DATE OF INJURY (month, day, year) March 1, 1976	27. HOUR M. 20d.	28. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
29. INJURY AT WORK (specify yes or no) No	30. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) Office bldg.	31. LOCATION (street or R.F.D. No., city or town, county, state) Klamath Falls, Oregon	32. CERTIFICATION- month day year March 1, 1976
33. PHYSICIAN- month day year February 23, 1976	34. And Last Saw Him/Her Alive on: month day year March 1, 1976	35. I Did/Did Not view the body after death (specify) did	36. DEATH OCCURRED (hour) 2:21 A.M.
37. PHYSICIAN-SIGNATURE Steph V. Kessler	38. NAME (type or print) STEPHEN KESSLER	39. degree or title M.D.	40. DATE SIGNED (month, day, year) 3/2/76
41. MAILING ADDRESS- PHYSICIAN Veterans Administration Hospital, Sam Jackson Park Road, Portland, Oregon 97207	42. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	43. CEMETERY OR CREMATORY-NAME Eternal Hills	44. LOCATION city or town state Klamath Falls, Oregon
45. FUNERAL DIRECTOR-SIGNATURE James K. Ward	46. FUNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip) Ward's Klamath Funeral Home / 1945 Main / Klamath Falls, 97601	47. DATE RECEIVED BY LOCAL REGISTRAR MAR 9 1976	48. DATE RECEIVED BY STATE REGISTRAR
49. REGISTRAR-SIGNATURE [Signature]	50. DATE RECEIVED BY LOCAL REGISTRAR MAR 9 1976	51. DATE RECEIVED BY STATE REGISTRAR	52. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON)

Date MAR 9 1976

COUNTY OF MULTNOMAH)

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

(Seal)

Registrar of Vital Statistics

By Deputy Registrar of Vital Statistics

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 1 day of March A.D., 1976 at 1:11 o'clock P.M., and duly recorded in Vol. 76 of on Page 4411.

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Deputy