

14002

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STATE OF OREGON - HEALTH DIVISION

Vital Statistics Section

76 MAY 19 9 44 AM '76

7486

CERTIFICATE OF DEATH

DECEASED-NAME		First	Middle	Last	DATE OF BIRTH (month, day, year)
NEIL		WESTLEY	NEILSON		May 10, 1976
1. RACE (White, Negro, American Indian, etc. specify)	2. SEX	3. AGE (Last birthday, years)	4. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	6. DATE OF BIRTH (month, day, year)
White	Male	47	Logger - disabled	Never married	May 10, 1976
7. COUNTY OF DEATH	8. CITY, TOWN, OR LOCATION OF DEATH	9. CITIZEN OF WHAT COUNTRY	10. MARRIED	11. NAME OF SPOUSE	12. DATE OF BIRTH (month, day, year)
Klamath	Klamath Falls	USA	Yes	Diane Neilson	May 10, 1976
13. SOCIAL SECURITY NUMBER	14. RESIDENCE-STATE	15. FATHER-NAME	16. MOTHER-NAME	17. KARMEN NEILSON (Daughter)	18. DEATH WAS CAUSED BY:
541 - 30 - 3152	Oregon	Westley Neilson	Margaret		Immediate cause
PART I. DEATH WAS CAUSED BY:					
(a) <u>Respiratory arrest</u>					
(b) <u>Blood loss</u>					
(c) <u>Bleeding esophageal varices - Chronic alcoholism</u>					
PART II. OTHER SIGNIFICANT CONDITIONS: condition(s) contributing to death but not related to cause given in Part I (a), (b), and (c)					
19. AUTOPSY (yes or no) 19a. YES 19b. NO					
20. DATE OF INJURY (month, day, year) 20a. 20b. 20c. 20d. 20e. 20f. 20g. 20h. 20i. 20j. 20k. 20l. 20m. 20n. 20o. 20p. 20q. 20r. 20s. 20t. 20u. 20v. 20w. 20x. 20y. 20z.					
21. PHYSICIAN-SIGNATURE					
22. MAINTAIN ADDRESS-Physician					
23. BURNAL, CREMATION, REMOVAL, GEMETERY OR CREMATION-NAME					
24. BURNAL, CREMATION, REMOVAL, GEMETERY OR CREMATION-NAME					
25. BURNAL, CREMATION, REMOVAL, GEMETERY OR CREMATION-NAME					
26. BURNAL, CREMATION, REMOVAL, GEMETERY OR CREMATION-NAME					
27. BURNAL, CREMATION, REMOVAL, GEMETERY OR CREMATION-NAME					
28. BURNAL, CREMATION, REMOVAL, GEMETERY OR CREMATION-NAME					

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 Marianne Johnson, Deputy Registrar
Date MAY 12 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 19th day of May, A.D., 19 76 at 4:35 o'clock P.M., and duly recorded in Vol. M 76, of DEEDS on Page 7486.

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Harold Drazic, Deputy