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STATE OF OREGON STATE HEALTH DIVISION '75-007489

Vital Statistics Section

CERTIFICATE OF DEATH Vol M76 Page 11997

Field	Entry
1. Deceased — Name (First, Middle, Last)	MARCELLUS JOHN NORWEST, JR.
2. Date of Death	May 2, 1975
3. Race	Indian
4. Sex	Male
5a. Age (last birthday)	24
6. Date of Birth	August 10, 1950
7a. County of Death	Klamath
7b. City, Town or Location of Death	Klamath Falls
7c. Inside City Limits	Yes
7d. Hospital or Other Institution	1025 North 7th. Street
8. State of Birth	Oregon
9. Citizen of What Country	USA
10. Married, Never Married, Widowed, Divorced	Married
11. Name of Spouse	Shirlene Norwest
12. Social Security Number	542-56-4087
13a. Usual Occupation	Laborer
13b. Kind of Business or Industry	Common
14a. Residence — State	Oregon
14b. County	Klamath
14c. City, Town, or Location	Klamath Falls
14d. Inside City Limits	Yes
14e. Street and Number or RFD	1025 North 7th. Street
15. Father — Name	Marcellus John Norwest Sr.
16. Mother — Maiden Name	Patricia — Hoover
17. Informant	Shirlene Norwest (Wife)
18. Part I. Death was caused by: Immediate cause (a)	Gunshot wound of chest
Approximate interval between onset and death	Instant
19a. Autopsy	Yes
19b. If yes were findings considered in determining cause of death	No
20a. Date of Injury	May 2, 1975
20b. Hour	12:15AM
20c. How Injury Occurred	Shot by rifle
20d. Injury at Work	No
20e. Place of Injury	Home
20f. Location	1025 N.7th.St., Klamath Falls, Klamath, Oregon 97601
21a. Death Occurred (Hour)	12:15 A. M.
21b. The Decedent was Pronounced Dead	May 2 1975 12:30 a. m.
21c.	Homicide X
22a. Certifier — Signature	Veldon C Boge M.D.
22b. Name	Veldon C. Boge, M.D.
23. Medical Investigator — County	Klamath
Date Signed	May 7, 1975
24a. Burial, Cremation, Removal	Burial
24b. Cemetery or Crematory	Piute Cemetery
24c. Location	Beatty, Oregon
24d. Date	May 7,1975
25. Funeral Director — Signature	[signature]
Funeral Home — Name and Address	Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26. Registrar — Signature	Marian J Scheiman
Date Received by Local Registrar	May 7, 1975
Date Received by State Registrar	MAY 1 9 1975
28. Reserved for Registrar's Use	

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VS-107 REV. 2-73

ORIGINAL—VITAL STATISTICS COPY

DATE ISSUED Aug. 3 1976

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

Moren M. Most

A-27107 Rtn: Klam Co. Title

PL084 151-City

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 4th day of AUGUST A.D., 19 76 at 11;26 o'clock A M., and duly recorded in Vol M 76 of DEEDS on Page 11997

WM. D. MILNE, County Clerk

FEE $ 3.00

By Hazel Drazil Deputy

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