

24095

374

CERTIFICATE OF DEATH

645

STATE OF OREGON
Vital Statistics Section

DATE OF DEATH (month, day, year)

November 9, 1976

State File Number

645

DECEASED

Usual residence (if not at home) at time of death, give address, including apartment, rooming house, etc., and telephone number, if any.

1. **PREVIOUS NAME** John W. Larson
2. **DATE OF BIRTH** 1888
3. **SEX** Male
4. **CITY, TOWN, OR LOCATION OF BIRTH** Klamath Falls
5. **CITIZENSHIP** U.S.A.
6. **U.S. SOCIAL SECURITY NUMBER** 516-01-9976
7. **RESIDENCE-STATE** Oregon
8. **CITY, TOWN, OR LOCATION** Klamath Falls
9. **DATE OF DEATH** November 9, 1976
10. **DATE OF BIRTH** 1888
11. **USUAL OCCUPATION** Miner
12. **INDUSTRY** Mining
13. **STREET AND NUMBER OR R.F.D.** 3932 Coronado Way
14. **APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH** 5-10 min
15. **CAUSE OF DEATH** Cardiac and Respiratory arrest
16. **IMMEDIATE CAUSE** Atherosclerotic Heart Disease
17. **INTERMEDIATE CAUSE** Lymphoma
18. **FINAL CAUSE** 2/76

CAUSE

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CERTIFIED

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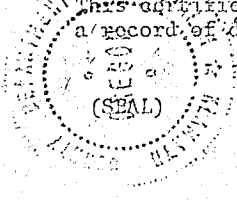
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BURIAL

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VS 2-R-69

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 NOV 10 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 12th day of January A.D., 1977 at 4:34 o'clock P M., and duly recorded in Vol. M 77, of PEEDS on Page 645.

FEE \$ 3.00

WM. D. MILNE, County Clerk
By Hazel Drage Deputy