21657

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

77 JAN 26 PM 2 21

Local File Number — State File Number

DECEASED

1. NAME—First: Levi; Middle: J.; Last: Griffith
2. DATE OF DEATH (month, day, year): January 16, 1977
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 85
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): August 28, 1891
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Malin
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, give street and number): Malin Clinic
8a. STATE OF BIRTH (If not U.S.A., name country): Georgia
8b. CITIZEN OF WHAT COUNTRY: U.S.A.
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
10. SOCIAL SECURITY NUMBER: 546-52-4138 A
11. USUAL OCCUPATION (give kind of work done during most of working life even if retired): Cattle Rancher
12a. USUAL RESIDENCE—STATE: Oregon
12b. COUNTY: Klamath
12c. CITY, TOWN, OR LOCATION: Malin
12d. Inside City Limits (specify yes or no): Yes
12e. STREET AND NUMBER OR R.F.D.: P.O. Box 427
13. KIND OF BUSINESS OR INDUSTRY: Cattle
14. NAME OF SPOUSE: Ethel L. Griffith
15a. FATHER—NAME: William Griffith
15b. first / middle / last
16. MOTHER—Maiden Name: Mary Clayton
16. first / middle / last
17. INFORMANT—NAME and relationship to deceased: Ethel L. Griffith, Wife

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

(a) immediate cause
(b) due to, or as a consequence of:
(c) due to, or as a consequence of:

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (c).

	ACCIDENT (specify yes or no)	DATE OF INJURY (month, day, year)	HOUR	HOW INJURY OCCURRED (enter nature of injury in part I or part II)	AUTOPSY (yes or no)	IF YES were findings considered in determining cause of death
19a.					NO	
19b.	INJURY AT WORK (specify yes or no)	PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)	LOCATION (street or R.F.D. No., city or town, county, state)			
20a.						
20b.						
20c.						
20d.						

20e. CERTIFICATION—PHYSICIAN: I attended the deceased from: month / day / year

20g. And last Saw Him/Her Alive on: month / day / year

21. I Did/Did Not view the body after death (specify)

22. DEATH OCCURRED (hour)

CERTIFIER

21. PHYSICIAN—SIGNATURE: Oct. 2, 1972 — To Jan. 16, 1977 — Aug. 9, 1976 — did not
22a. NAME (type or print): Blake Berven
22b. degree or title: M.D.
22c. DATE SIGNED (month, day, year): Jan. 17, 1977
23. NAME AND ADDRESS OF PERSON WHO PREPARED CAUSE: Medical Dentl. Bld., Klamath Falls, Oregon 97601
street / city or town / state / zip

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24a. CEMETERY OR CREMATORY—NAME: Malin Community Cemetery
24b. LOCATION: ½ mi. / city or town: Malin, / state: Oregon
24c. DATE (mo., day, year): 1-19-77
25a. FUNERAL DIRECTOR—SIGNATURE:
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
25c. REGISTRAR—SIGNATURE:
25d. DATE RECEIVED BY LOCAL REGISTRAR:
26. RESPONSIBILITY OF REGISTRAR:
27. DATE RECEIVED BY STATE REGISTRAR:

VS-2 R-69

Ret: Mrs. Ethel Lee Griffith
P.O. Box 427
Malin Ore 97632

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.

(SEAL)

VELDON C. BOGE, M.D., Registrar Vital Statistics

By Marian Johnson Deputy Registrar
Date JAN 1 8 1977 19

VOID IF ALTERED

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STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 26th day of January A.D., 19 77 at 2;21 P o'clock M., and duly recorded in Vol M 77, of DEEDS on Page 1468.

FEE $ 3.00

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