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STATE OF OREGON—STATE HEALTH DIVISION
Vital Statistics Section

175
Local File Number

# CERTIFICATE OF DEATH

State File Number

| | | | | | | |
|---|---|---|---|---|---|---|
| DECEASED—NAME 1. First: Terry | Middle: Leon | Last: Charles | | | DATE OF DEATH (month, day, year) 2. March 4, 1977 | |
| RACE White, Negro, American Indian, etc. (specify) 3. Indian | SEX 4. Male | AGE—last birthday (years) 5a. 29 | Under 1 year: mos. 5b. / days | Under 1 day: hours 5c. / min. | DATE OF BIRTH (month, day, year) 6. May 21, 1947 | |
| COUNTY OF DEATH 7a. Jackson | CITY, TOWN, OR LOCATION OF DEATH 7b. Medford | Inside City Limits (specify yes or no) 7c. Yes | HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7d. Providence Hospital | | | |
| STATE OF BIRTH (if not in U.S.A., name of country) 8. Oregon | CITIZEN OF WHAT COUNTRY 9. U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Divorced | NAME OF SPOUSE 11. - | | | |
| SOCIAL SECURITY NUMBER 12. 542-54-8722 | USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. Forest Service | KIND OF BUSINESS OR INDUSTRY 13b. Forest | | | | |
| RESIDENCE—STATE 14a. Oregon | COUNTY 14b. Jackson | CITY, TOWN, OR LOCATION 14c. Medford | Inside City Limits (specify yes or no) 14d. Yes | STREET AND NUMBER OR RFD 14e. 725 Royal Ave. Apt. #60 | | |
| FATHER—NAME first middle last 15. Alfred - Moore | MOTHER—Maiden Name first middle last 16. Mae - Johnson | INFORMANT—Name and relationship to deceased 17. Avery Charles - Brother | | | | |

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — approximate interval between onset and death

18. Immediate Cause
(a) Gunshot wound to Head
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b)
due to or as a consequence of:
(c)

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

AUTOPSY (yes or no) 19a. No

IF YES were findings considered in determining cause of death 19b.

| DATE OF INJURY (month, day, year) | HOUR | HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18) |
|---|---|---|
| 20a. March 4, 1977 | 20b. 2:18AM | 20c. Pulled trigger of 38 Caliper pistol pointed @ head |

| 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) |
|---|---|---|
| 20d. No | 20e. Home | 20f. 725 Royal #60, Medford, Oregon Jackson |

CERTIFICATION—MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

| DEATH OCCURRED (hour) | THE DECEDENT WAS PRONOUNCED DEAD month | day | year | hour | FROM: | | | |
|---|---|---|---|---|---|---|---|---|
| 21a. 2:18A. M. | 21b. March | 4 | 1977 | 2:18A M. | 21c. Natural Causes ☐ | Accident ☐ | Suicide ☐ | |
| | | | | | Homicide ☐ | Undetermined XX | Pending ☐ | |

CERTIFIER—SIGNATURE 22a. A R Kearns
NAME—(type or print) 22b. Albert R. Kearns
Degree or Title M.D.

MEDICAL INVESTIGATOR: FOR: 23. JACKSON COUNTY
DATE SIGNED (month, day, year) March 7, 1977

| BURIAL, CREMATION, REMOVAL, MAUS. (specify) | CEMETERY OR CREMATORY—NAME | LOCATION city or town | state | DATE (month, day, year) |
|---|---|---|---|---|
| 24a. Removal | 24b. Hill Cemetery | 24c. Chiloquin, | Oregon | 24d. 3-8-77 |

FUNERAL DIRECTOR—SIGNATURE 25a. Conger-Morris
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b. Conger-Morris, 715 West Main, Medford, Oregon 97501

REGISTRAR—SIGNATURE 26a. A R Kearns MD
DATE RECEIVED BY LOCAL REGISTRAR 26b. March 7, 1977
DATE RECEIVED BY STATE REGISTRAR 27.

RESERVED FOR REGISTRAR'S USE 28

VS-107 REV. - 2-73

ORIGINAL—VITAL STATISTICS COPY

STATE OF OREGON — CERTIFIED COPY OF DEATH RECORD — COUNTY OF JACKSON

This certifies that the foregoing is a correct and comple transcript of a record of death on file with the Jackson County Health Department.

Ret: Avery Charles #60
725 Royal Ave
Medford Ore

A R Kearns MD
Registrar, Vital Statistics

Date March 11, 1977 (SEAL) Void if Altered

By Rachel White

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 6 day of April A.D., 19 77 at 3:41 o'clock P M., and duly recorded in Vol M 77, of Deeds on Page 5775.

FEE 3.00

WM. D. MILNE, County Clerk
By Evelyn Baker Deputy