

29386

STATE OF OREGON - HEALTH DIVISION

Vital Statistics, Section 77 File # 23

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8935

Local File Number

## CERTIFICATE OF DEATH

State File Number

DECLAIED NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
Claude		D.		Bigby				May 13, 1977	
RACE		SEX		AGE - Last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
White		Male		71		mos. days		May 19, 1905	
COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (specify yes or no)		HOSPITAL OR OTHER INSTITUTION - NAME (if not in above, give street and number)	
Klamath		Klamath Falls		Klamath Falls		Yes		Pres. Intercomm. Hosp.	
STATE OF BIRTH (if not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		NAME OF SPOUSE			
Oklahoma		U.S.A.		Married		Melzia H. Bigby			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		STREET AND NUMBER OR R.F.D.			
430-14-3312		Carpenter		Construction		1611 Dayton St.			
RESIDENCE - STATE		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (specify yes or no)		STREET AND NUMBER OR R.F.D.			
Oregon		Klamath		No		1611 Dayton St.			
FATHER - NAME		MOTHER - Maiden Name		FIRST MIDDLE LAST		INFORMANT - NAME and relationship to deceased			
Charles Thomas Bigby		Narcissa Rider				Melzia M. Bigby, wife			
PART I DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))				APPROXIMATE INTERVAL between onset and death			
(a) Immediate cause		(b) Intermediate cause		(c) Underlying cause					
1. ACCIDENT		DATE OF INJURY (month, day, year)		HOUR		HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)		AUTOPSY (yes or no)	
2. INJURY AT WORK		PLACE OF INJURY at home, farm, street, factory, etc. (specify)		M.				IF YES, were findings considered in determining cause of death (yes or no)	
3. CERTIFICATION - month day year		And last Saw Him/Her Alive on month day year		VIEW the body after death (specify)		DEATH OCCURRED at the place, on the date, and, to the best of my knowledge, the cause(s) stated		8:55 A. M. 5-17-77	
21. PHYSICIAN - SIGNATURE		NATIVE (type or print)		DEGREE or TITLE		DATE SIGNED (month, day, year)			
22. MAILING ADDRESS - PHYSICIAN		23b. Everett E. Howard		M.D.					
23. BIRTH, CREATION, REMOVAL, (month, day, year)		23a. Eternal Hills Mem. Garh		LOCATION		CITY or town		STATE	
24. BIRTH, CREATION, REMOVAL, (month, day, year)		24a. O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601		FURNERAL HOME - NAME AND ADDRESS (street, city or town, state, zip)		CITY or town		STATE	
25. REGISTRAR - SIGNATURE		25a. DATE RECEIVED BY LOCAL REGISTRAR		25b. DATE RECEIVED BY STATE REGISTRAR					
26. REGISTRAR - SIGNATURE		26a. DATE RECEIVED BY LOCAL REGISTRAR		26b. DATE RECEIVED BY STATE REGISTRAR					
27. RESERVED FOR REGISTRAR USE									

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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.

MARJORIE S. COMER, Registrar Vital Statistics

By Marianne Schuman Deputy Registrar

Date MAY 17 1977

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 23 day of May A.D., 1977 at 3:13 o'clock P M., and duly recorded in Vol. M77 of DEEDS on Page 8935.

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Glenn D. Nagel Deputy

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