

30775

STATE OF OREGON - HEALTH DIVISION

Vital Statistics Section

132
Local File Number

CERTIFICATE OF DEATH

State File Number

Vol. 77 Page 10068

JUN 9 PM 6:46

DECEASED - NAME		John Smith		DATE OF DEATH (month, day, year)		April 30, 1977	
1. RACE (White, Negro, American Indian, etc. (specify))		White		2. AGE - last birthday (years)		72	
3. SEX		Male		4. UNDER 1 year		Under 1 year	
5. CITY, TOWN, OR LOCATION OF DEATH		Klamath Falls		6. DATE OF BIRTH (month, day, year)		August 26, 1904	
7. STATE OF BIRTH (if not U.S.A., give country)		Klamath		8. CITIZEN OF WHAT COUNTRY		U.S.A.	
9. SOCIAL SECURITY NUMBER		535-14-3696 A		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		Never Married	
11. RESIDENCE - STATE		Oregon		12. CITY, TOWN, OR LOCATION		Klamath Falls	
13. COUNTY		Klamath		14. STREET AND NUMBER OR R.F.D.		2210 Wantland St.	
15. FATHER - NAME		John Smith		16. MOTHER - Maiden Name		Rex Young, Personal Rep. of Estate	
17. DEATH WAS CAUSED BY:		Brain Aneurysm		18. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))		10 min.	
19. CONDITIONS, if any, which gave rise to immediate cause (a), stating the underlying cause last		(b)		(c)			
20. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)				21. AUTOPSY (yes or no)		NO	
22. ACCIDENT (specify yes or no)		No		23. DATE OF INJURY (month, day, year)		April 30, 1977	
24. INJURY AT WORK (specify yes or no)		No		25. PLACE OF INJURY (at home, farm, street, factory, etc. (specify))		Home	
26. CERTIFICATION - month day year		May 3, 1977		27. And last saw him/her alive on: month day year		April 29, 1977	
28. PHYSICIAN - SIGNATURE		[Signature]		29. I Did/Did Not view the body after death (specify)		Yes	
30. NAME (type or print)		William G. Holford Jr., M.D.		31. DEGREE OR TITLE		M.D.	
32. ADDRESS - PHYSICIAN		4036 So. 6th St., Klamath Falls, Oregon 97601		33. DATE SIGNED (month, day, year)		5/2/77	
34. FUNERAL HOME - NAME AND ADDRESS (street, city or town, state, zip)		O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601		35. DATE RECEIVED BY LOCAL REGISTRAR		MAY 9 1977	
36. REGISTRAR - SIGNATURE		[Signature]		37. DATE RECEIVED BY STATE REGISTRAR		MAY 9 1977	
38. RESERVED FOR REGISTRAR USE				39. DATE RECEIVED BY STATE REGISTRAR		MAY 9 1977	

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)

MARJORIE S. COMER, Registrar Vital Statistics

By Marjorie Comer Deputy Registrar
Date MAY 9 1977 19

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 9th day of June, A.D., 1977 at 2:46 o'clock PM, and duly recorded in Vol. M77, of DEEDS on Page 10068.

FEE \$ 3.00

WM. D. MILNE, County Clerk, D 1
By W. D. Milne Deputy

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