

202

STATE OF OREGON - HEALTH DIVISION
77 Vital Statistics Section

m vol. 77 Page 11758

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED - NAME										First		Middle		Last		State File Number	
1. RACE (Specify)										CHARLES		ARTHUR		SMITH		DATE OF DEATH (month, day, year)	
2. SEX										Male		AGE - last birthday (years)		76		June 26, 1977	
3. COUNTY OF DEATH										Klamath		CITY, TOWN, or LOCATION OF DEATH		Klamath Falls		DATE OF BIRTH (month, day, year)	
4. STATE OF BIRTH (if not in U.S.A., name country)										Missouri		CITIZEN OF WHAT COUNTRY		U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
5. SOCIAL SECURITY NUMBER										520 - 07 - 9692		USUAL OCCUPATION (give kind of work done during usual of working life, even if retired)		Welder-Boilermaker - Ret.		KIND OF BUSINESS OR INDUSTRY	
6. RESIDENCE - STATE										Oregon		CITY, TOWN, or LOCATION		Klamath Falls		STREET AND NUMBER OR R.F.D.	
7. FATHER - NAME										Lee Arthur Smith		MOTHER - Maiden Name		Minnie Burlingame		INFORMANT - NAME and relationship to deceased	
8. DEATH WAS CAUSED BY:										Immediate cause		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))		17. Alice Karmyl Smith - Wife		Approximate interval between onset and death	
9. Conditions, if any, which gave rise to immediate cause (a), due to, or as a consequence of:										Pneumonia		Stroke		3 days		3 years	
10. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a), (b), and (c)																	
11. ACCIDENT? (Specify yes or no)										NO		DATE OF INJURY (month, day, year)		20a. NO		HOUR	
12. INJURY AT WORK? (Specify yes or no)										NO		PLACE OF INJURY (at home, farm, street, factory, office, etc.)		20b. NO		HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)	
13. CERTIFICATION - PHYSICIAN:										20c. NO		20d. NO		20e. NO		20f. NO	
14. PHYSICIAN'S SIGNATURE										20g. NO		20h. NO		20i. NO		20j. NO	
15. PHYSICIAN'S SIGNATURE										20k. NO		20l. NO		20m. NO		20n. NO	
16. PHYSICIAN'S SIGNATURE										20o. NO		20p. NO		20q. NO		20r. NO	
17. PHYSICIAN'S SIGNATURE										20s. NO		20t. NO		20u. NO		20v. NO	
18. PHYSICIAN'S SIGNATURE										20w. NO		20x. NO		20y. NO		20z. NO	
19. PHYSICIAN'S SIGNATURE										20aa. NO		20ab. NO		20ac. NO		20ad. NO	
20. PHYSICIAN'S SIGNATURE										20ae. NO		20af. NO		20ag. NO		20ah. NO	
21. PHYSICIAN'S SIGNATURE										20ai. NO		20aj. NO		20ak. NO		20al. NO	
22. PHYSICIAN'S SIGNATURE										20am. NO		20an. NO		20ao. NO		20ap. NO	
23. PHYSICIAN'S SIGNATURE										20aq. NO		20ar. NO		20as. NO		20at. NO	
24. PHYSICIAN'S SIGNATURE										20au. NO		20av. NO		20aw. NO		20ax. NO	
25. PHYSICIAN'S SIGNATURE										20ay. NO		20az. NO		20ba. NO		20bb. NO	
26. PHYSICIAN'S SIGNATURE										20bc. NO		20bd. NO		20be. NO		20bf. NO	
27. PHYSICIAN'S SIGNATURE										20bg. NO		20bh. NO		20bi. NO		20bj. NO	
28. PHYSICIAN'S SIGNATURE										20bk. NO		20bl. NO		20bm. NO		20bn. NO	
29. PHYSICIAN'S SIGNATURE										20bo. NO		20bp. NO		20bq. NO		20br. NO	
30. PHYSICIAN'S SIGNATURE										20bs. NO		20bt. NO		20bu. NO		20bv. NO	
31. PHYSICIAN'S SIGNATURE										20bw. NO		20bx. NO		20by. NO		20bz. NO	
32. PHYSICIAN'S SIGNATURE										20ca. NO		20cb. NO		20cc. NO		20cd. NO	
33. PHYSICIAN'S SIGNATURE										20ce. NO		20cf. NO		20cg. NO		20ch. NO	
34. PHYSICIAN'S SIGNATURE										20ci. NO		20cj. NO		20ck. NO		20cl. NO	
35. PHYSICIAN'S SIGNATURE										20cm. NO		20cn. NO		20co. NO		20cp. NO	
36. PHYSICIAN'S SIGNATURE										20cq. NO		20cr. NO		20cs. NO		20ct. NO	
37. PHYSICIAN'S SIGNATURE										20cu. NO		20cv. NO		20cw. NO		20cx. NO	
38. PHYSICIAN'S SIGNATURE										20cy. NO		20cz. NO		20da. NO		20db. NO	
39. PHYSICIAN'S SIGNATURE										20dc. NO		20dd. NO		20de. NO		20df. NO	
40. PHYSICIAN'S SIGNATURE										20di. NO		20dj. NO		20dk. NO		20dl. NO	
41. PHYSICIAN'S SIGNATURE										20dm. NO		20dn. NO		20do. NO		20dp. NO	
42. PHYSICIAN'S SIGNATURE										20dq. NO		20dr. NO		20ds. NO		20dt. NO	
43. PHYSICIAN'S SIGNATURE										20du. NO		20dv. NO		20dw. NO		20dx. NO	
44. PHYSICIAN'S SIGNATURE										20dy. NO		20dz. NO		20ea. NO		20eb. NO	
45. PHYSICIAN'S SIGNATURE										20ec. NO		20ed. NO		20ee. NO		20ef. NO	
46. PHYSICIAN'S SIGNATURE										20eg. NO		20eh. NO		20ei. NO		20ej. NO	
47. PHYSICIAN'S SIGNATURE										20ek. NO		20el. NO		20em. NO		20en. NO	
48. PHYSICIAN'S SIGNATURE										20eo. NO		20ep.					

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 Marion P. Sherman Deputy Registrar
Date JUN 28 1977 19

Date
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 5th day of JULY A.D., 1977 at 10:54 o'clock A M., and duly recorded in Vol M77, of DEEDS on Page 11758.

WM. D. MILNE, County Clerk

By Hazel Drazic Deputy

FFF \$ 3.00