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STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

State File Number: 77 JUL 19 PM 2 56
Vol. 77 Page 12779

DECEASED: NAME: ADAM LARSON, MIDDLE, LAST: JULY 2, 1977

DATE OF DEATH (month, day, year): JULY 2, 1977

1. RACE: White, 2. SEX: Male, 3. AGE: 88, 4. DATE OF BIRTH: September 15, 1888

5. COUNTY OF DEATH: Klamath, 6. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls, 7. MARITAL STATUS: Widowed, 8. USUAL OCCUPATION (if not in U.S.A., name country): USA, 9. SOCIAL SECURITY NUMBER: 511-16-1292-A, 10. HOUSEHOLD: Widowed, 11. KIND OF BUSINESS OR INDUSTRY: At home, 12. STREET AND NUMBER OR R.F.D.: 618 Willow, 13. INFORMANT-NAME and relationship to deceased: George Knight (Son), 14. FATHER-NAME: David - Vanioy, 15. MOTHER-NAME: Elizabeth - Bennett, 16. FATHER-NAME: David - Vanioy, 17. MOTHER-NAME: Elizabeth - Bennett, 18. DEATH WAS CAUSED BY: (a) Immediate cause: Cardiac arrest, (b) due to, or as a consequence of: Ischemic heart disease with atherosclerosis, (c) due to, or as a consequence of: arterial hypertension, 19. CAUSE: Cardiac arrest, 20. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a), (b), and (c): None, 21. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a), (b), and (c): None, 22. ACCIDENT: No, 23. INJURY AT WORK: No, 24. CERTIFICATION: I attended the deceased from: July 2, 1977, 25. PHYSICIAN'S SIGNATURE: Kenneth K. Nance, M.D., 26. NAME (type or print): Kenneth K. Nance, M.D., 27. ADDRESS: Medical Dental Building, Klamath Falls, Oregon 97601, 28. FURNAL, CREATION, REMOVAL, MAUS (cremation): Klamath Falls, Oregon, 29. FUNERAL HOME-NAME AND ADDRESS: Klamath Falls, Oregon, 30. FUNERAL DIRECTOR'S SIGNATURE: Klamath Falls, Oregon, 31. DATE RECEIVED BY LOCAL REGISTRAR: July 6, 1977, 32. DATE RECEIVED BY STATE REGISTRAR: July 6, 1977, 33. RESERVED FOR REGISTRAR'S USE: None

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 Marian Johnson Deputy Registrar
Date JUL 2 1977

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 19th day of JULY A.D., 1977 at 2:56 o'clock P M., and duly recorded in Vol. 77 of DEEDS on Page 12779.

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Harold H. Hargis Deputy

Ret. C. W. Gaskin
431 Main
Entry