

Vol. 77 Page 24773
77 DEC 23 AM 9 49
77 DEC 23 CAL INVESTIGATOR CERTIFICATE

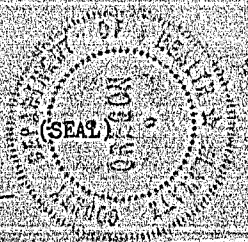
MARGIN RESERVED FOR FINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED

LOCAL REGISTRAR'S NUMBER 36				STANDARD CERTIFICATE OF DEATH				STATE OF OREGON BOARD OF HEALTH - PORTLAND PUBLIC HEALTH SERVICE				STATE FILE NO. DATE RECEIVED			
1. NAME OF DECEASED (Type or print all entries in black ink) First: JOHN Middle: WILLIAM Last: SMITH				2. PLACE OF DEATH A. COUNTY: Klamath B. CITY, TOWN, OR LOCATION: Klamath Falls C. LENGTH OF STAY IN 28 OR: 39 Years				3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE: Oregon B. COUNTY: Klamath C. CITY, TOWN, OR LOCATION: Klamath Falls				D. STREET ADDRESS, RURAL ROUTE, ETC.: 922 North 3rd. Street			
4. DATE OF DEATH Month: February Day: 6 Year: 1969				5. SEX: Male				6. COLOR OR RACE: White				7. MARITAL STATUS ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married			
8. SOCIAL SECURITY NO.: 154-18-4123				9. USUAL OCCUPATION: Laborer				10. KIND OF BUSINESS OR VENDOR: Welding - Wen Inc.				11. NAME OF SPOUSE: Jeanie Emma Smith			
12. DATE OF BIRTH Month: January Day: 24 Year: 1907				13. AGE (LAST BIRTHDAY) 62 Yrs				14. BIRTHPLACE (State or Foreign Country) Witter, Arkansas				15. WAS DECEASED A CITIZEN OF ☒ U.S. ☐ Foreign Country			
16. NAME OF FATHER: Bill Smith				17. MAIDEN NAME OF MOTHER: America Hoskins				18. IF DECEASED WAS A VETERAN, WHAT WAR?				19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Jeanie Emma Smith (Wife)			
20. CAUSE OF DEATH (State only; omit cause for line (a), (b), and (c)) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Sudden by Fire Arm				B: Due to				C: Due to				INTERVAL BETWEEN ONSET AND DEATH			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)				21. AUTOPSY AUTHORIZED BY: ☒				22. IF FEMALE, WAS THERE A PREGNANCY IN PART II NOS. 1-12				23. EXTERNAL CAUSE OF DEATH WAS: Gunshot wound of head			
24. TIME OF INJURY (month, day, year) 12:16 A.M. 2 6 1969				25. INJURY OCCURRED: while at work ☒ not while at work ☐				26. PLACE OF INJURY: Home				27. CITY OR TOWN (county, state): Klamath Falls, Klamath, Oregon			
28. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted in or about 12:16 AM (day, month, year) from: Natural Causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Pro-tem ☐ Pending ☐				29. SIGNATURE OF REGISTRAR: M. D. Milne				30. DATE OF BURIAL, REMOVAL, ETC.: 2-10-69				31. PLACE OF BURIAL, REMOVAL, ETC.: Eternal Hills Memorial Gardens, Klamath Falls, Oregon			
32. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: M. D. Milne				33. SIGNATURE OF REGISTRAR: M. D. Milne				34. NAME OF FUNERAL HOME AND ADDRESS: Ward's Klamath Funeral Home, Klamath Falls, Oregon				35. DATE RECORD FILED: 2-1-69			

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.



NEIL BLACK, M. D.
Registrar Vital Statistics

By M. D. Milne
Deputy Registrar

Date FEB 12 1969 19

STATE OF OREGON, COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 23rd day of December A.D., 19 77 at 9:49 o'clock A M., and duly recorded in Vol. M77 of December on Page 24779.

FEE \$3.00

WM. D. MILNE, County Clerk
By Wm. D. Milne Deputy

Return to
Clerk's Office
260 1st Ave
Klamath Falls