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STATE OF OREGON—STATE HEALTH DIVISION

Vital Statistics Section

257 (Local File Number)

CERTIFICATE OF DEATH

(State File Number)

DECEASED—NAME 1. First: GARY	Middle: LEE	Last: ANDERSON				DATE OF DEATH (month, day, year) 2. July 23, 1977
RACE White, Negro, American Indian, etc. (specify) 3. White	SEX 4. Male	AGE—last birthday (years) 5a. 27	Under 1 year: mos. 5b.	days	Under 1 day: hours 5c.	min.	DATE OF BIRTH (month, day, year) 6. June 23, 1950
DECEASED — COUNTY OF DEATH 7a. Klamath	CITY, TOWN, OR LOCATION OF DEATH 7b. Klamath Falls	Inside City Limits (specify yes or no) 7c. No	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7d. 5711 S. 6th St.			
Usual residence where deceased lived. If death occurred in institution, give residence before admission. STATE OF BIRTH (if not in U.S.A., name of country) 8. Oregon	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Married	NAME OF SPOUSE 11. Sharon Anderson			
SOCIAL SECURITY NUMBER 12. 542 - 62 - 5747	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. Equipment Operator	KIND OF BUSINESS OR INDUSTRY 13b. Lumber Mill				
RESIDENCE—STATE 14a. Oregon	COUNTY 14b. Klamath	CITY, TOWN, OR LOCATION 14c. Klamath Falls	Inside City Limits (specify yes or no) 14d. No	STREET AND NUMBER OR RFD 14e. 3733 Granada Way X		
FATHER—NAME first middle last 15. John E. Anderson	MOTHER—Maiden Name first middle last 16. Charlotte Peterson	INFORMANT—Name and relationship to deceased 17. Sharon Anderson - Wife X				

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

			approximate interval between onset and death
1.	13. Immediate Cause (a)	Destruction of Heart	instant
2.	due to, or as a consequence of: (b)	Gunshot Wound of Chest	
3.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: due to or as a consequence of: (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)

AUTOPSY (yes or no) 19a. Yes	IF YES were findings considered in determining cause of death 19b. Yes

MEDICAL INVESTIGATOR

DATE OF INJURY (month, day, year) 20a. July 23, 1977	HOUR A 20b. 2:10 M	HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18) 20c. Homicide
INJURY AT WORK (specify yes or no) 20d. No	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20e. Restaurant/Lounge	LOCATION (street or R.F.D. No., city or town, county, state) 20f. 5711 S. 6th St / Klamath Falls / Klamath / Ore

CERTIFICATION—MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

DEATH OCCURRED (hour) 21a. 2:10 A M.	THE DECEDENT WAS PRONOUNCED DEAD month day year hour 21b. July 23, 1977 2:20 a.m.	FROM: Natural Causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined ☐ Pending ☐ 21c.

CERTIFIER

CERTIFIER—SIGNATURE 22a. Sharon Anderson Wife	NAME—(type or print) 22b. George R. Nicholson	Degree or Title MD
MEDICAL INVESTIGATOR: FOR: KLAMATH COUNTY 23.	DATE SIGNED (month, day, year) July 27, 1977	

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Eternal Hills	LOCATION city or town state 24c. Klamath Falls, Oregon	DATE (month, day, year) 24d. July 27, '77
FUNERAL DIRECTOR—SIGNATURE 25a. James K. Ward	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b. WARD'S - 1945 Main - Klamath Falls, Oregon 9760		
REGISTRAR—SIGNATURE 26a. Judie A. Harrison	DATE RECEIVED BY LOCAL REGISTRAR 26b. 1-28-77	DATE RECEIVED BY STATE REGISTRAR 27.	

RESERVED FOR REGISTRAR'S USE 28.

VS-107 REV. - 2-73

ORIGINAL—VITAL STATISTICS COPY

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of the record of death on file with the Klamath County Department of Health.

MARJORIE S. COMER, Registrar Vital Statistics

By Judie A. Harrison, Deputy Registrar
Date July 29 19 77

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 17th day of January A.D., 19 78 at 2:23 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 1031

FEE $3.00

WM. D. MILNE, County Clerk
By Genevieve Deputy