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Vital Statistics Section

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TYPE
PRINT
IN
BURNING
BLACK
INK
FOR
INSTRUCTIONS
SEE
HIDBOOKFEDERAL
DEATH
REPORT
INSTRUCTIONS
FOR
FILING
OF
DEATH
CERTIFICATESCONDITIONS
WHICH
GAVE
RISE TO
DEATH
ALSO
BEING
THE
CAUSE OF
DEATH

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CERTIFICATE OF DEATH

| | | | | | |
|--|--|--|---------------------------|---|----------------------------------|
| DECEASED—NAME | | First | Middle | Last | State File Number |
| 1 DOROTHY HILL KERNS | | | | | 2 January 16, 1978 |
| RACE White, Black, American Indian, etc. (Specify) | | SEX | AGE—Last birthday (years) | Under 1 year | DATE OF BIRTH (month, day, year) |
| 3 White | | 4 Female | 5 63 | 5b mos. 5c days 5d hours 5e min | 6 August 9, 1914 |
| COUNTRY OF BIRTH (if not in U.S.A., name country) | | CITY, TOWN OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) | |
| 7a Klamath | | 7b Klamath Falls | | 7c Presbyterian Intercomm. | |
| STATE OF BIRTH (if not in U.S.A., name country) | | CITIZEN OF WHAT COUNTRY | | SPOUSE (IF MARRIED, WIDOWED) | |
| 8 Washington | | 9 USA | | 10 Married | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (give kind of work done during most of working life, even if retired) | | KIND OF BUSINESS OR INDUSTRY | |
| 13 540 - 56 - 5686 | | 14a Housewife | | 14b Homemaking | |
| RESIDENCE—STATE | | COUNTY | CITY, TOWN, OR LOCATION | STREET AND NUMBER OR R.F.D., ZIP | |
| 15a Oregon | | 15b Klamath | 15c Klamath Falls | 15d Route 3, Box 339 | |
| FATHER—NAME first middle last | | MOTHER—Maiden Name first middle last | | INFORMANT—NAME and relationship to decedent | |
| 16 Floyd Hill | | 17 Eleanor Stoll | | 18 John P. Kerns - Husband | |
| BURIAL, CREMATION, REMOVAL, MAUS, (specify) | | CEMETERY OR CREMATORY—NAME | | LOCATION city or town state | |
| 19a Cremation | | 19b Eternal Hills Mem. Gardens | | 19c Klamath Falls, Oregon | |
| FUNERAL SERVICE—GENSEE or person Acting As Such (Signature) | | NAME AND ADDRESS OF FACILITY | | DATE SIGNED (Mo., Day, Yr.) | |
| 20a [Signature] | | 20b WARD's - 1945 Main - Klamath Falls, Oregon 97601 | | 21b Jan 16 '78 | |
| NAME AND ADDRESS OF CERTIFIER (Type or Print) | | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | HOUR OF DEATH | |
| 21a Raymond Tice, M.D. / 309 Medical-Dental Bldg / Klamath Falls, Or. 97601 | | | | 21c 1:00 P.M. | |
| DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | | REGISTRAR | | | |
| 22a [Signature] | | 22b [Signature] Marjorie S. Comer | | | |
| IMMEDIATE CAUSE | | (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | Interval between onset and death | |
| PART I (a) DUE TO, OR AS A CONSEQUENCE OF: | | Cerebral respiratory failure | | Days | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: | | Multiple sclerosis | | Years | |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) | | AUTOPSY (Specify Yes or No) | | WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER | |
| 23 Multiple Sclerosis | | 24 No | | 25 No | |
| ACCIDENT (Specify Yes or No) | | DATE OF INJURY (Mo., Day, Yr.) | HOUR OF INJURY | DEATH—HOW INJURY OCCURRED | |
| 26a No | | 26b [Signature] | 26c M | 26d | |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | LOCATION | STREET OR R.F.D. NO. CITY OR TOWN STATE | |
| 26a | | 26b | 26c | 26d | |
| RESERVED FOR REGISTRAR'S USE | | | | | |

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 [Signature] Deputy Registrar
Date JAN 18 1978 19

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 31st day of January A.D., 19 78 at 4:36 o'clock P.M., and duly recorded in Vol. M78 of Deeds on Page 1917.

FEE \$3.00

WM. D. MILNE, County Clerk
By [Signature] DeputyReturn to
111 So 7th
K. Falls.
Wm. Milne Room 205
ck 300