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COLORADO DEPARTMENT OF HEALTH

Vol. M 78 Page 6293

FOR VETERANS PURPOSES ONLY

Office of the Local Registrar of Vital Statistics

NO FEE

Las Animas, Colorado

XC 02 284 927

CERTIFIED COPY OF DEATH RECORD

DECEASED - NAME 1. EDWARD C. GRIFFITH		SEX 2. MALE	DATE OF DEATH 3. DECEMBER 20, 1977
RACE 4. WHITE	AGE 5. 69	DATE OF BIRTH 6. May 27, 1908	COUNTY OF DEATH 7. BENT
CITY, TOWN, OR LOCATION OF DEATH 8. FORT LYON, CO		INSIDE CITY LIMITS 9. NO	HOSPITAL OR OTHER INSTITUTION - NAME 10. VA HOSPITAL, FORT LYON, CO
STATE OF BIRTH 11. British Isles	CITIZEN OF WHAT COUNTRY 12. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SPECIFY 13. MARRIED	SURVIVING SPOUSE - IF ALIVE, GIVE MAIDEN NAME 14. MARIE E. GILLETTE
SOCIAL SECURITY NUMBER 15. 539 03 5857	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF MORNING LIFE, EVEN IF RETIRED) 16. WELDER AND MACHINIST	KIND OF BUSINESS OR INDUSTRY 17. NO	
RESIDENCE - STATE 18. OREGON	COUNTY 19. KLAMATH	CITY, TOWN, OR LOCATION 20. KLAMATH FALLS	INSIDE CITY LIMITS 21. NO
FATHER'S NAME 22. Edward	MOTHER'S MAIDEN NAME 23. Unknown	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 24. RT. # 2, BOX 584	
INFORMANT - NAME 25. Edward Griffith		RELATION TO DECEASED 26. Unknown	
17a. HOSPITAL RECORDS		MAILING ADDRESS 17b. VAH, FORT LYON, CO 81038	
18. CAUSE OF DEATH - ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)			
PART I			
IMMEDIATE CAUSE (a) Acute Primary Bronchopneumonia, in association with			
(b) arteriosclerotic heart disease and partial pulmonary			
(c) Embolization			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a), (b), AND (c)			
ACCIDENT, SUICIDE, HOMICIDE SPECIFY 20a. NO	DATE & HOUR OF INJURY - MONTH, DAY, YEAR, HOUR 20b. Aug. 25, 1977 1:00 A.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20c. NO	AUTOPSY 19a. YES 19b. YES
INJURY AT WORK SPECIFY YES OR NO 20d. NO	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20e. NO	LOCATION 20f. NO	
21. DEATH OCCURRED AT Aug. 25, 1977 1:00 A.			
22. DEATH OCCURRED AT Dec. 20, 1977			
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100. DEATH OCCURRED AT Dec. 20, 1977			

I HEREBY CERTIFY THAT THE INFORMATION SET FORTH ABOVE WAS CORRECTLY COPIED FROM THE RECORD OF DEATH IN MY CUSTODY AS REQUIRED BY LAW.

WITNESS MY HAND AND SEAL

THIS 28th DAY OF December, 19 77LOCAL REGISTRAR OF VITAL STATISTICS Iris Jean WolfREGISTRATION DISTRICT NUMBER 11-33Las Animas, Bent County, COLORADO

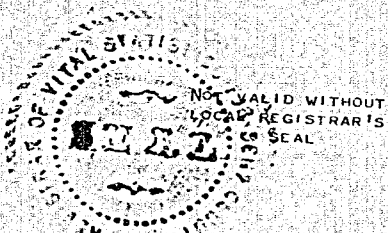
After recording return to:
PARKS & RATLIFF, P.O. Box 528
Merrill, Oregon 97633

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 3rd day of April A.D., 19 78 at 2:14 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 6293.

FEE \$3.00

WM. D. MILNE, County Clerk
By Denetha R. Welch Deputy



COLORADO DEPARTMENT OF HEALTH
AD 85-168 (REV. 2-69-100)