

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Page 7731 1980-277

1. NAME OF DECEASED—FIRST		M. MIDDLE		DE. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		12D. HOUR	
Walter		Cleveland		Bower		February 12, 1978		1100	
3. SEX		4. RACE		5. ETHNICITY		6. DATE OF BIRTH		7. AGE	
Male		White				February 26, 1884		93 YEARS	
8. STATE/PLACE OF BIRTH (STATE OF FOREIGN COUNTRY)		9. RACE AND BIRTHPLACE OF FATHER		10. RACE AND BIRTHPLACE OF MOTHER		11. CITIES OF BIRTH (CITY)		12. SOCIAL SECURITY NUMBER	
Kentucky		Unknown		Unknown		Unknown		Unknown	
13. US A		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		16. KIND OF INHERITRY OR BUSINESS		17. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
U S A		511-18-2413		Widowed		Water Control		Marie Millick 4305 Langner Ave Santa Rosa, Ca. 95101	
18. US A		19. US Government		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		22. CITY	
Waterman		50		US Government		4305 Langner Ave		Santa Rosa	
23. DEATH WAS CAUSED BY:		24. INVESTIGATION PENDING		25. TYPE INVESTIGATION PERFORMED		26. DATE SIGNED		27. PHYSICIAN'S LICENSE NUMBER	
IMMEDIATE CAUSE		(A) Investigation Pending		CORONER'S USE ONLY		28. DATE SIGNED		29. PHYSICIAN'S LICENSE NUMBER	
28. DEATH WAS CAUSED BY:		29. INVESTIGATION PENDING		30. PLACE OF INJURY		31. INJURY AT WORK		32. DATE OF INJURY—MONTH, DAY, YEAR	
IMMEDIATE CAUSE		(A) Investigation Pending		Santa Rosa		NO		33. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE ENTERED. AS REQUIRED BY LAW I HAVE HELD AN (EMERGENT INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
4305 Langner Ave				Santa Rosa		Donald Striepeke, Sheriff-Coroner		2-14-78	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CLERGY OR CREMATOR		39. CREMATOR'S LICENSE NUMBER		40. DATE ACCEPTED BY LOCAL REGISTRAR	
Cremation		2-14-78		Cedar Lawn Memorial Park, Fremont, CA.		NA		FEB 14 1978	
41. NAME OF FUNERAL HOME (OR PERSON ACTING AS SUCH)		42. LOCAL AGENT'S SIGNATURE		43. LOCAL AGENT'S SIGNATURE		44. LOCAL AGENT'S SIGNATURE		45. LOCAL AGENT'S SIGNATURE	
Byrgan, Inc.		R.F. Holter, MD		R.F. Holter, MD		R.F. Holter, MD		R.F. Holter, MD	

CERTIFICATION STATEMENT

This is to certify, that the foregoing is a true and correct copy of the vital record which is on file in this office and of which I am legal custodian.

SIGNATURE: *R.F. Holter MD*

OFFICIAL TITLE: Public Health Officer and Local Registrar

PLACE: Sonoma County Public Health Service
Santa Rosa, California

DATE OF CERTIFICATION: APR 11 1978

Documents: O.W. Sooley
431 Main
Klamath Falls

STATE OF OREGON, COUNTY OF KLAMATH, ss.

I hereby certify that the within instrument was received and filed for record on the 20th day of April, 1978, at 9:45 o'clock P.M., and duly recorded in Vol. 176 of Books on Page 7751.

FEE \$3.00

WM. D. MILNE, County Clerk
By *Bernetha H. Helch* Deputy