STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

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46877

140
Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME	FIRST: LEONARD	MIDDLE: ELWOOD	LAST: YOUNG					2. DATE OF DEATH (MONTH, DAY, YEAR)	April 18, 1978
3. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	White	4. SEX	Male	5A. AGE—LAST BIRTHDAY (YEARS)	58	UNDER 1 YEAR: 5B. MOS. / 5C. DAYS	UNDER 1 DAY: 5D. HOURS / 5E. MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR)	January 28, 1920
7A. COUNTY OF DEATH	Klamath	7B. CITY, TOWN, OR LOCATION OF DEATH	Near Camp #14	7C. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.)	9 Miles west of Camp 14			7D. IF HOSP. OR INST., INDICATE DOA, OP/EMER, INPATIENT (SPECIFY)	n/a
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Washington	9. CITIZEN OF WHAT COUNTRY	U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married	11. SPOUSE (IF MARRIED, WIDOWED)	Bobbie R. Young	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	Yes
13. SOCIAL SECURITY NUMBER	543-07-3693	14A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Timber Faller	14B. KIND OF BUSINESS OR INDUSTRY	Lumber Industry				
15A. RESIDENCE—STATE	Oregon	15B. COUNTY	Klamath	15C. CITY, TOWN, OR LOCATION	Klamath Falls	15D. STREET AND NUMBER OR R.F.D.	2637 Pear Avenue	15E. INSIDE CITY LIMITS (SPECIFY YES OR NO)	Yes
16. FATHER—NAME FIRST MIDDLE LAST	James - Young	17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST	Florence - Downie	18. INFORMANT—NAME AND RELATIONSHIP TO DECEASED	Bobbie R. Young, wife				
19A. BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)	Burial	19B. CEMETERY OR CREMATORY—NAME	Mt. Calvary Cemetery	19C. LOCATION CITY OR TOWN STATE	Klamath Falls, Oregon 97601				
20A. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS—SIGNATURE	William F. Dunnagan	20B. NAME AND ADDRESS OF FACILITY	DAVENPORT'S CHAPEL OF THE GOOD SHEPHERD, 6420 South Sixth Street, Klamath Falls, Oregon 97601						

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A. DEATH OCCURRED (HOUR)	21B. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR	21C. FROM:				
Approx 8:30A.M.	April 18, 1978 12:30P.M.	NATURAL CAUSES ☐	ACCIDENT ☑	SUICIDE ☐	HOMICIDE ☐	UNDETERMINED ☐	PENDING ☐

21D. CERTIFIER — SIGNATURE	NAME—(TYPE OR PRINT)	DEGREE OR TITLE
James H Jackson MD	JAMES H. JACKSON,	M.D.
MEDICAL EXAMINER FOR: Klamath COUNTY	21E. DATE SIGNED (MONTH, DAY, YEAR)	4/20/78

22A. DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)	22B. REGISTRAR (SIGNATURE)
April 24, 1978	Marjorie S. Coner

PART I (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

23. IMMEDIATE CAUSE — (a) Asphyxia — DUE TO, OR AS A CONSEQUENCE OF:
(b) Fracture - compression of cervical thyroid & trachea — DUE TO, OR AS A CONSEQUENCE OF:
(c) Received blow from falling tree

INTERVAL BETWEEN ONSET AND DEATH: (a) minutes; (b) minutes; (c) Accepted [illegible]

PART II 25. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a). Fractured Ram

AUTOPSY (SPECIFY YES OR NO) 24. Yes

26A. DATE OF INJURY (MONTH, DAY, YEAR)	26B. HOUR	26C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 25)
April 18, 1978	8:30AM	Falling Timber

26D. IF AT WORK (SPECIFY YES OR NO)	26E. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	26F. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)
Yes	In Woods	9 Miles West of Camp #14

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-70

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.

(SEAL)

MARJORIE S. CONER, Registrar Vital Statistics
By Marjorie S. Coner Deputy Registrar
Date APR 24 1978
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 25th day of April A.D., 19 78 at 3:07 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 8118.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernetha N. Belsh Deputy