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MTC 6514

STATE OF OREGON

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES

Vital Statistics Section

Vol. 78

Page 12115

124

CERTIFICATE OF DEATH

78-004198

DECEASED-NAME WILLEUR FIRST FRANK MIDDLE ROBERTS LAST		State File Number	
1 RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White		4 SEX Male	
2 AGE—LAST BIRTHDAY (YEARS) 63		5A 63	
3 COUNTY OF DEATH Klamath		4 CITY, TOWN, OR LOCATION OF DEATH Chiloquin	
7A Klamath		7B Chiloquin	
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Oregon		9 U.S.A.	
10 SOCIAL SECURITY NUMBER 540-26-2889		11 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Millworker	
12 RESIDENCE—STATE Oregon		13 Klamath	
14A Oregon		14B Klamath	
15A Father—NAME FIRST MIDDLE LAST James Townsend Roberts		15B Mother—MAIDEN NAME FIRST MIDDLE LAST Susan	
16 Burial, CREMATION, REMOVAL, MAUS, (SPECIFY) Burial		17 CEMETERY OR CREMATORY—NAME Burns Cemetery	
18A William J. Neupert		18B Burns Cemetery	
19A Funeral Service Licensee or Person Acting as Such—Signature		19B Name and Address of Facility DAVIDSON'S CHAPEL OF THE GOOD SHEPHERD, 6420 South Sixth Street, Klamath Falls, Oregon 97601	
20A William J. Neupert		20B 6420 South Sixth Street, Klamath Falls, Oregon 97601	
21A I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT 4:05 P. M. March 30, 1978		21B FROM: NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐	
22A Signature of Medical Examiner George H. Nicholson, M.D.		22B NAME—(TYPE OR PRINT) GEORGE H. NICHOLSON, M.D.	
23A Signature of Registrar Marian Jackson		23B DATE SIGNED (MONTH, DAY, YEAR) April 10, 1978	
24A Signature of Registrar Marian Jackson		24B DATE RECEIVED BY REGISTRAR (MO. DAY, YR.) April 10, 1978	
25A Signature of Registrar Marian Jackson		25B SIGNATURE Marian Jackson	
26A Signature of Registrar Marian Jackson		26B SIGNATURE Marian Jackson	
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Return
Gayle M. Roberts
4615 N.W. Salisham
Portland OR 97229

ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED MAY 31 1978

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

Marian Jackson

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION
STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 24th day of June A.D., 1978 at 11:52 o'clock A.M., and duly recorded in Vol. N78 of Deeds on Page 12115.

FEE \$3.00

WM. D. MILNE, County Clerk

By *Berntha M. Selich* Deputy