52365

STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. M78 Page 16281

1700-157

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

Field	Entry
1A. Name of decedent—first	James
1B. Middle	Lee
1C. Last	Boyd
2A. Date of death (month, day, year)	July 3, 1978
2B. Hour	8:40 A.
3. Sex	Male
4. Race	White
5. Ethnicity	
6. Date of birth	January 28, 1946
7. Age	32 years
8. Birthplace of decedent (state or foreign country)	Oregon
9. Name and birthplace of father	William Earl Boyd: Idaho
10. Birth name and birthplace of mother	Marguerite Geiger: Oregon
11. Citizen of what country	U.S.A.
12. Social Security number	542-50-1456
13. Marital status	Married
14. Name of surviving spouse (if wife, enter birth name)	Betty Mae Boyd
15. Primary occupation	Mechanic
16. Number of years this occupation	3
17. Employer (if self-employed, so state)	Moty & Fletcher Machine Shop
18. Kind of industry or business	Heavy Equipment

USUAL RESIDENCE

Field	Entry
19A. Usual residence—street address (street and number or location)	777 California Ave.
19B.	
19C. City or town	Klamath Falls
19D. County	Klamath
19E. State	Oregon
20. Name and address of informant—relationship	Betty Mae Boyd, Wife, 777 California Ave. Klamath Falls, Oregon 97601

PLACE OF DEATH

Field	Entry
21A. Place of death	8 Mi. East Dorris, Calif. (Oklahoma Flats)
21B. Street address (street and number or location)	8 Mi. East Dorris, Calif.
21C. City or town	Dorris
21D. County	Siskiyou

CAUSE OF DEATH

22. Death was caused by: (Enter only one cause per line for A, B, and C)

Immediate cause

(A) Massive Subdural Hemorrhage right

Due to, or as a consequence of

(B) side with skull fractures & crushing

Due to, or as a consequence of

(C) Injuries of chest

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

Approximate interval between onset and death:

Field	Entry
24. Was death reported to coroner?	Yes
25. Was biopsy performed?	No
26. Was autopsy performed?	Yes
23. Other conditions contributing but not related to the immediate cause of death	
27. Was operation performed for any condition in items 22 or 23? Operation / Date	

PHYSICIAN'S CERTIFICATION

28A. I certify that death occurred at the hour, date and place stated from the causes stated. I attended decedent since (enter mo, da, yr.) / I last saw decedent alive (enter mo, da, yr.)

28B. Physician—signature and degree or title

28C. Date signed

28D. Physician's license number

28E. Type physician's name and address: George R. Nicholson M.D. 1265 Daggett St., Klamath Falls, Ore

INJURY INFORMATION

Field	Entry
29. Specify accident, suicide, etc.	Accident
30. Place of injury	8 Mi. East Dorris, Calif.
31. Injury at work	No
32A. Date of injury—month, day, year	July 3, 1978
32B. Hour	8:30 A.M.
33. Location (street and number or location and city or town)	Oklahoma Flats
34. Describe how injury occurred (events which resulted in injury)	Single Engine Airplane Accident

CORONER'S USE ONLY

35A. I certify that death occurred at the hour, date and place stated from the causes stated. As required by law I have held an (inquest-investigation)

35B. Coroner—signature and degree or title: Fred Fostlow by Ray Seeley Capt.

35C. Date signed: 7/7/78

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
36. Disposition	Burial
37. Date—month, day, year	July 8, 1978
38. Name and address of cemetery or crematory	St. Peter's Cemetery, The Dalles, Oregon
39. Embalmer's license number	Not Embalmed in Calif
40. Name of funeral director (or person acting as such)	O'Hair's Funeral Chapel: Ore.
41. Local registrar—signature	P. K. Bley by [signature]
42. Date accepted by local registrar	JUL 7 1978

State Registrar: A. B. C. D. E. F.

27-24

STATE OF CALIFORNIA, COUNTY OF SISKIYOU: I, P. K. Bley, County Recorder and Registrar of Vital Statistics for said County, do hereby certify the annexed to be a true, full and correct transcript of the record of an instrument, as the same is recorded in my office in Book 27 of Reg. of Deaths Page 24 IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official Seal this 7th day of July 1978

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Fee: $3.00 Paid

[signature] Recorder

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 26th day of July A.D., 19 78 at 2:06 o'clock P M., and duly recorded in Vol. M78, of Deeds on Page 16281.

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $3.00