57962

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

269
Local File Number

Vol. 78 M Page 25018

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First JOHN; Middle HERSHEL; Last BONHAM
2. DATE OF DEATH (month, day, year): August 10, 1977
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—last birthday (years): 67
5b. Under 1 Year: mos. / days
5c. Under 1 Day: hours / min.
6. DATE OF BIRTH (month, day, year): June 13, 1910
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Presbyterian Intercommunity
8. STATE OF BIRTH (if not in U.S.A. name of country): Washington
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Jessie Lena Bonham
12. SOCIAL SECURITY NUMBER: 561 – 05 – 3308
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Carpenter – Retired
13b. KIND OF BUSINESS OR INDUSTRY: Construction

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR RFD: Rt. # 3 – Box # 224-0
15. FATHER—NAME first middle last: Thomas – Fell
16. MOTHER—Maiden Name first middle last: –
17. INFORMANT—NAME and relationship to deceased: Jessie Lena Bonham (Wife)

CAUSE

PART I. 18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

Immediate Cause
(a) Cerebral destruction & hemorrhage — approximate interval between onset and death: 3 hours

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b) due to, or as a consequence of: Contact (.32 cal) gunshot wound of head — "
(c) due to, or as a consequence of:

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)

19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death:

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year): August 10, 1977
20b. HOUR: About 9:00 A.M.
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): Self inflicted gunshot wound of head
20d. INJURY AT WORK (specify yes or no): No
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): Home
20f. LOCATION (street or R.F.D. No., city or town, county, state): Rt. 3-Box 224-0, Klamath Falls, Klamath, Oregon 97601

CERTIFICATION—MEDICAL INVESTIGATOR: I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:

21a. DEATH OCCURRED (hour): 12:38 P.M.
21b. THE DECEDENT WAS PRONOUNCED DEAD (month, day, year, hour): August 10, 1977
21c. FROM: Natural Causes ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☒ Pending ☐

CERTIFIER

22a. CERTIFIER—SIGNATURE: [signature] M.D.
22b. NAME—(type or print): George R. Nicholson, M.D.
Degree or Title
23. MEDICAL INVESTIGATOR FOR: Klamath COUNTY
DATE SIGNED (month, day, year): August 11, 1977

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (month, day, year): Aug. 12, 1977
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: August 12, 1977
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

VS-107 R-70

ORIGINAL — VITAL STATISTICS COPY

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.

MARJORIE S. COMER, Registrar Vital Statistics

By [signature] Deputy Registrar

Date AUG 12 1977 19

VOID IF ALTERED

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 7th day of November A.D., 19 78 at 9:12 o'clock A M., and duly recorded in Vol M78 of Deeds on Page 25018

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy