6 6 6 HUMAN RESOURCES Vol. 78 Local File Nu 國際 CERTIFICATE OF DEATH Page 20068 DECEASED NAME Final JAMES Middle Set Strand Lines ANENT State File Numb WK: DATE OF DEATH (month, day, year) RACE While, Black, American Indian, SEX HARMOND ĴR eic.(specify) 3 White ICTIONS AGE-Last birthday (years) 5a 82 2 September 18, 1978 Under 1 year Under 1 day DATE OF BIRTH (month, day, year) EE 4 Male COUNTY OF DEATH Sb Gays hours min BOOK CITY, TOWN OR LOCATION OF DEATH & October 6, 1895 Klamath HOSPITAL OR OTHER INSTITUTION - NAM 76 Klamath Falls STATE OF BIRTH (If not in U.S.A., DENT CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, 9 USA 10 Married 7c Kl. Co. Nursing Home Prese Ant. Inper name country) EATH ARED IN Arizona SPOUSE (IF MARRIED, WIDOWED) 7d Inpatient ARED IN IUTION NDBOOK ADING FTICH OF SOCIAL SECURITY NUMBER USAL OCCUPATION (pre kind of work done during invest of working, bre. even KIND OF BUSINESS OR INDUSTRY 14a Milliworker - Retired WAS DECEDENT EVER IN U.S 13 544 - 07 - 4140 Millworker - Retired Yes RESIDENCE-STATE COUNTY CITY. TOWN. OR LOCATION STREET AND NUMBER OR R.F.D., ZIP97601 inside City Limits 156 Klamath 156 Klamath Falls 156 326 Michigan Ave. X isocity year no 156 Year No. 1 COUNTY 15a Oregon FATHER-NAME first middle 16 William Marshall (apecify yes or no) 15e Ies 17 Catherine Osborn INFORMANT-NAME and relationship to dece BURIAL, CREMATION, CEMETERY OR CREMATORY-NAME RENIOVAL, MAUS. (specify) 19a Burial Myrtle Marshall 18 SITION InsEternal Hills Memorial Gardens (Wife) EINERAL SERVICE LICENSES OF ACID AS AND ADDRESS OF FACILITY LOCATION city or town Total service underset of son acting a such Marcano address of FACILITY Total and a such a s state IFIER 2nd Elake Berven, M.D., Medical Dental Building, Klamath Falls, Oregon 97601 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) SEP 2 0 1978 - QIONS REGISTRAR 224 UNT IGAVE 22b ISignature 23 IMMEDIATE CAUSE CHA TSE AG THE DUCAST LENTER ONLY ONE CAUSE PER LINE FOR [4]. [6]. AND [C].] PART (a) ENTO Nia DUE TO, OR AS A CONSEQUENCE OF (b) a 1 Sile CUE TO, OR AS A CONSEQUENCE OF CVA (c) PART OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not related to CAUR SE OF ATH ut heres 1Paso SIS 120% In PART I (a) AUTOPSY ISDACITY Yes WAS CASE REPER ACCIDENT Specify Yes or No! DATE OF INJURY (Mo, Day Y) Dr Nol NO \$5. RED TO MEDICA HOUR OF INJURY 26a No 26b 10 DESCRIBE HOW INJURY OCCURRED 25 |Specify Yes or No 8 No 26c NJURY AT WORK PLACE OF INJURY office building, etc Specify Yes or No 26e 280 At he uliding, elc. (Spechy) street, factory. 26. LOCATION 261 STREET OR R.F.D. NO. RESERVED FOR REGISTRAR'S USE CITY OR TOWN STATE 280 國際建 Celtin, yrth Marchall Michigan K 10 VS-2 Rev-1-78 P-65412 STATE OF OREGON County of Klamath This centifies that the foregoing is a correct and complete transcript of a A record of death on file with the Klamath County Department of Health Services. MARIAN ACKERMAN, Registrar Vital Statistics SEAL) Deputy Registrar SEP 2 0 1978 VOID IF ALTERED NOT VALUD WITHOUT RAISED SEAL OF THE KLAMATH CO. OFFT OF HEALTH SERVICES STATE OF OREGON; COUNTY OF KLAMATH; ss. I hereby certify that the within instrument was received and filed for record on the 13th day of o'clock A M., and duly recorded in Vol M78 Deeds of 25368 \_\_on Page\_ \$3.00 WM. D., MILNE, Coupty Clerk FEE. By Desnerha Idelich