

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
1		FRANK	CAMPBELL	STRAHAN	2 January 17, 1979	
RACE White, Black, American Indian, etc. (specify)		3	SEX	4	AGE—Last birthday (years)	5
White		Male	83	Under 1 year	Under 1 day	6
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH			DATE OF BIRTH (month, day, year)	
7a Klamath		7b Klamath Falls			April 1, 1895	
7c Presbyterian Intercomm.		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)			IF HOSP. OR INST. Indicate DOA: OP/Enter. Rm. Inpatient (Specify)	
8		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		7d D.O.A.
Iowa		U.S.A.		Married		12
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		SPOUSE (IF MARRIED, WIDOWED)		11 Anna Strahan
13 541 - 14 - 3302		14a Ret. Assistant Foreman		14b		12
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		KIND OF BUSINESS OR INDUSTRY
15a Oregon		15b Klamath		15c Klamath Falls		14b State Highway Dept.
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		STREET AND NUMBER OR R.F.D. ZIP		15d 6244 Maryland St. 97601
16 Earl Strahan		17 Minnie Campbell		18 Anna Strahan - Wife		15e
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state		19c Klamath Falls, Oregon
19a Cremation		19b Eternal Hills Memorial Gardens		19c		19d
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY				
20a		20b WARD'S - 1945 Main - Klamath Falls, Oregon 97601				
21a		To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH D.O.A.
21a		21b		21c		21d
CERTIFIER—NAME AND TITLE (Type or print)		MAILING ADDRESS (Street, city or town, state, zip)		21c 9:20 ⁵ p.m.		21d
21d George B. Peden, M.D. / 2610 Uhrmann Road - Klamath Falls, Or. 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e		21f
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR		22a		22b
22a JAN 19 1979		22b		22c		22d
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death		23		24
(a) The Justified Circumstances of Long		Interval between onset and death		23		24
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		23		24
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		23		24
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a), (b), and (c).		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER		25
23		24		25		26
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo, Day, Yr.)		HOUR OF INJURY		26d
26a No		26b		26c		26d
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		26g
26a		26b		26c		26d

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 P-85412

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 Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar
Date JAN 19 1979

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. 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 23rd day of January A.D., 19 79 at 9:47 o'clock A M., and duly recorded in Vol. M79 of Deeds on Page 1872.

FEE \$3.00

WM. D. MILNE, County Clerk

By Burtha A. Shelch Deputy