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DECEASED—NAME		First	Middle	Last	State File Number
Hubert		A.		Williams	DATE OF DEATH (month, day, year)
RACE White, Black, American Indian, etc. (specify) <u>White</u>		SEX <u>Male</u>	AGE—Last birthday (years) <u>78</u>	Under 1 year 5b mos. days	Under 1 day 5c hours min.
COUNTY OF DEATH <u>Klamath</u>	CITY, TOWN OR LOCATION OF DEATH <u>Klamath Falls</u>		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) <u>Washburn Manor</u>		DATE OF BIRTH (month, day, year) <u>March 10, 1900</u>
STATE OF BIRTH (If not in U.S.A. name country) <u>Illinois</u>	CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Married</u>	SPOUSE (IF MARRIED, WIDOWED) <u>Ada L. Williams</u>		IF HOSP. OR INST. indicate DOA, OP/Emar., Am., Inpatient (Specify) <u>Inpatient</u>
SOCIAL SECURITY NUMBER <u>712-05-0458</u>	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>Welder</u>	KIND OF BUSINESS OR INDUSTRY <u>Great Northern Railroad</u>		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <u>Yes</u>	
RESIDENCE—STATE <u>Oregon</u>	COUNTY <u>Klamath</u>	CITY, TOWN, OR LOCATION <u>Klamath Falls</u>	STREET AND NUMBER OR R.F.D., ZIP <u>2200 Main St. 97601</u>		Inside City Limits (specify yes or no) <u>Yes</u>
FATHER—NAME first middle last <u>Roy Williams</u>	MOTHER—Maiden Name first middle last <u>Florence Collins</u>	INFORMANT—NAME and relationship to deceased <u>Ada L. Williams, Wife</u>			
BURIAL, CREMATION, REMOVAL, MAUS. (specify) <u>Burial</u>	CEMETERY OR CREMATORY—NAME <u>Williamette National Cemetery</u>	LOCATION city or town state <u>Portland, Oregon</u>			
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) <u>[Signature]</u>	NAME AND ADDRESS OF FACILITY <u>O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Oregon</u>	DATE SIGNED (Mo., Day, Yr.) <u>MAR 5, 1979</u>			
CERTIFIER—NAME AND TITLE (Type or Print) <u>George Zupan M.D.</u>	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>1905 Main St., Klamath Falls, Oregon 97601</u>	M 21c 3:15 P.			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <u>Mar 6 1979</u>		REGISTRAR <u>[Signature] Marian Ackerman</u>			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
(a) <u>ACUTE BRONCHOPULMONARY EDEMA</u>					Interval between onset and death <u>MINUTES</u>
(b) <u>ACUTE LEFT VENTRICULAR</u>					Interval between onset and death <u>HOURS</u>
(c) <u>ARTERIOSCLEROTIC HEART DISEASE</u>					Interval between onset and death <u>YEARS</u>
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					
ACCIDENT (Specify Yes or No) <u>No</u>	DATE OF INJURY (Mo., Day, Yr.) <u>26b</u>	HOUR OF INJURY <u>26c</u>	DESCRIBE HOW INJURY OCCURRED <u>26d</u>	AUTOPSY (Specify Yes or No) <u>24 No</u>	WAS CASE REFERRED TO MEDICAL EXAMINER <u>25 (Specify Yes or No) No</u>
INJURY AT WORK (Specify Yes or No) <u>26e</u>	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <u>26f</u>	LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE <u>26g</u>			
RESERVED FOR REGISTRAR'S USE					

VS-2 Rev 8-78 P-65412

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 [Signature] Marian Ackerman Deputy Registrar  
Date MAR 6 1979

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 14th day of March A.D., 19 79 at 3:08 o'clock P M., and duly recorded in Vol. M79 of Deeds on Page 5824.FEE \$3.00

WM. D. MILNE, County Clerk

By [Signature] Bernetha Scholtz

Deputy