STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

66369 (95) Vol. M 79 Page 9702

CERTIFICATE OF DEATH

Local File Number | State File Number

1 DECEASED—NAME: First HENRY	Middle "HANK"	Last JAMES		2 DATE OF DEATH (month, day, year): March 26, 1979	
3 RACE White, Black, American Indian, etc.(specify): White	4 SEX: Male	5a AGE—Last birthday (years): 70	5b Under 1 year: mos / days	5c Under 1 day: hours / min	6 DATE OF BIRTH (month, day, year): January 21, 1909
7a COUNTY OF DEATH: Klamath	7b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Washburn Manor			7d IF HOSP OR INST indicate DOA (Emer Rm, Inpatient (Specify): Inpatient
8 STATE OF BIRTH (If not in U.S.A., name country): Oklahoma	9 CITIZEN OF WHAT COUNTRY: USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Geneva James		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 444 - 05 - 5053	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millworker - retired		14b KIND OF BUSINESS OR INDUSTRY: Lumber Mills		
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 1936 Harriman Street 97601		15e Inside City Limits (specify yes or no): Yes
16 FATHER—NAME first middle last: Walter - James		17 MOTHER—Maiden Name first middle last: Maggie - O'Neal	18 INFORMANT - NAME and relationship to deceased: Geneva James (Wife)		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens		19c LOCATION city or town state: Klamath Falls, Oregon 97601		
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)	20b NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601				
To be Completed by CERTIFYING PHYSICIAN Only: To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a [Signature] Jon Wayland M.D.			21b DATE SIGNED (Mo., Day, Yr.): March 27, 1979		21c HOUR OF DEATH: 5:30 P. M
21d CERTIFIER — NAME AND TITLE (Type or print): Jon S. Wayland, M.D., MAILING ADDRESS (Street, city or town, state, zip): Medical Dental Building, Klamath Falls, Oregon 97601					
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): APR 2 8 1979	22b REGISTRAR [Signature]: Marian Ackerman				

PART I — 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

(a) Myocardial Infarction — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Coronary Occlusion — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) Arteriosclerosis — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24 AUTOPSY (Specify Yes or No): No
25 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo, Day, Yr)	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		26g LOCATION STREET OR R F D NO CITY OR TOWN STATE

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics
By Marian Ackerman Deputy Registrar
Date
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 30th day of April A.D., 19 79 at 11:41 o'clock A M., and duly recorded in Vol M79, of Deeds on Page 9702.

FEE $3.00

WM. D. MILNE, County Clerk
By Demetra McIntosh Deputy