

70987

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

213

Local File Number

CERTIFICATE OF DEATH

Vol. 79 Page 17279

State File Number

DECEASED—NAME		FIRST	MIDDLE	LAST	DATE OF DEATH (MONTH, DAY, YEAR)	
1 Angelo		2 Antony	3 Bocchi	June 24, 1979		
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		SEX	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
4 White		5 Male	6 86	7A	7B	January 15, 1893
COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.)		
7A Klamath		7D Klamath Falls		7C 522 Pelican Bay St.		
STATE OF BIRTH (IF NOT IN U.S.A., NAME, COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED NEVER MARRIED (WIDOWED, DIVORCED, SPECIFY)		IF DEPT. OR INST. INDICATE DOA, OF FEMER RM., INPATIENT (SPECIFY)
8 Italy		9 U.S.A.		10 Married		7D No
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		SPOUSE (IF MARRIED, WIDOWED)		11 Livia M. Bocchi
13 544-03-4339		14A Cattle Rancher		14B Agriculture		12 No
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D.		
15A Oregon		15B Klamath	15C Klamath Falls	15D 522 Pelican Bay St.		
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		INFORMANT—NAME AND RELATIONSHIP TO DECEASED		
16 Unk.		17 Unk.		18 Livia M. Bocchi - Wife		
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
19A Mausoleum		19B Eternal Hills -Haven of Rest Maus.		19C Klamath Falls, Oregon		
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE		NAME AND ADDRESS OF FACILITY		20B O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls, Ore. 97601		
20A Mervil Reid		CERTIFICATION—MEDICAL EXAMINER				
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:						
DEATH OCCURRED (HOUR)		THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR)		FROM:		
21A 3:00 A.M.		21B June 24, 1979		21C NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☒		
CERTIFIER—SIGNATURE		4:30A.M.		HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐		
21D [Signature]		21E George R. Nicholson		21F M.D.		
MEDICAL EXAMINER FOR:		Klamath		DATE SIGNED (MONTH, DAY, YEAR)		
21F		COUNTY		21G June 25, 1979		
DATE RECEIVED BY REGISTRAR (MO. DAY, YR.)		REGISTRAR				
22A June 25, 1979		22B [Signature] Marian Ackerman				
PART I (A)		(ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))				
1 (a)		Destruction (partial) of brain				
2 (b)		Contact gunshot of head				
3 (c)						
PART II		OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)				
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)		
23A June 24, 1979		23B 3:00 A.M.		23C Bullet wound in front of Right Ear		
INJ. AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)		
24 No		24B Home		24C 522 Pelican Bay St., Klamath Falls, Klamath, Oregon		
RESERVED FOR REGISTRAR'S USE						

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-75

James Bocchi
520 HillsideSTATE 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

JUN 26 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 20th day of July A.D., 19 79 at 2:49 o'clock P M., and duly recorded in Vol. 179 of Deeds on Page 17279.

FEE \$3.00

WM. D. MILNE, County Clerk

By Annetha Schick Deputy