

72012

186

STATE OF OREGON - STATE BOARD OF HEALTH
Vital Statistics Section
CERTIFICATE OF DEATH

18841

Local File Number

State File Number

DECEASED

Usual residence where deceased resided at time of death. If not in U.S.A., name of country. If not in U.S.A., give mail residence before admission.

1. DECEASED-NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
JANE		ELLEN		FORNER				2. JUNE 19, 1971	
3. RACE (specify)		4. SEX		5. AGE (last birthday (years))		6. UNDER 1 YEAR		7. DATE OF BIRTH (month, day, year)	
White		Female		38		mo. days		a. JAN. 1, 1933	
8. COUNTY OF DEATH		9. CITY, TOWN, OR LOCATION OF DEATH		10. CITIZEN OF WHAT COUNTRY		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		12. HOSPITAL OR OTHER INSTITUTION-NAME (if not in U.S.A., give mail residence before admission)	
Klamath		Klamath Falls		U.S.A.		NO		Klamath Falls, Oregon	
13. SOCIAL SECURITY NUMBER		14. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		16. NAME OF SPOUSE		17. NAME OF BUSINESS OR INDUSTRY	
542-34-6272		Store Clerk		MARRIED		Gloria F. Forner		Grocery	
18. RESIDENCE-STATE		19. COUNTY		20. CITY, TOWN, OR LOCATION		21. STREET AND NUMBER OR RFD		22. INFORMANT-NAME and relationship to deceased	
Oregon		Klamath		Klamath Falls		2830 Corvallis St.		Patricia Forner, daughter	
23. FATHER-NAME		24. MOTHER-NAME		25. ELDER DAMMEN					
Miss Nickelson		Elia Dammen							

CAUSE

1. DEATH WAS CAUSED BY: Immediate Cause
(a) *Abdominal fracture - at autopsy -*
(b) *fracture*
(c) *fracture*

MEDICAL INVESTIGATOR

CERTIFIER

BURIAL

20. DATE OF INJURY (month, day, year)		21. HOUR		22. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 13)		23. AUTOPSY (yes or no)		24. IF YES, were findings considered in determining cause of death	
June 19, 1971		20:15 P.M.		Two car collision		NO		19b.	
25. INJURY AT WORK (specify yes or no)		26. PLACE OF INJURY (at home, farm, street, factory, office, shop, etc. (specify))		27. LOCATION (street or R.F.D. No., city or town, county, state)		28. Klamath Falls, Oregon			
29. NO		Highway		20. Miller Island Rd. & Hwy #97,		Klamath Falls, Oregon			
30. CERTIFICATION-MEDICAL INVESTIGATOR: I certify that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:		31. DEATH OCCURRED (month, day, year)		32. FROM: (specify)		33. Accidents		34. Suicide	
9:15 P. M.		June 19, 1971		21b. June 19, 1971		Natural Causes		Suicide	
35. CERTIFIER-SIGNATURE		36. NAME (type or print)		37. Homicide		Undetermined		Pending	
Neil Black		Neil F. Black, M.D.		Homicide		Undetermined		Pending	
38. MEDICAL INVESTIGATOR: FOR: Klamath		39. COUNTY		40. DATE SIGNED (month, day, year)		41. Neil F. Black, M.D.			
42. BURIAL, CREMATION, REMOVAL, MAUS. (specify)		43. CEMETERY OR CREMATORY-NAME		44. LOCATION (city or town, state)		45. DATE (month, day, year)			
Burial		Klamath Mem. Park		Klamath Falls, Oregon		6-24-71			
46. FUNERAL DIRECTOR-SIGNATURE		47. #30		48. FUNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip)		49. 515 Pine, K. Falls, Ore.			
50. REGISTRAR-SIGNATURE		51. DATE RECEIVED BY LOCAL REGISTRAR		52. DATE RECEIVED BY STATE REGISTRAR		53. JUN 22 1971			
54. REFERRED FOR REGISTRAR'S USE		55.		56.		57.			

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.

(SEAL)

Neil Black, M.D., Registrar Vital Statistics
By *Patricia Forner*, Deputy Registrar
Date *JUN 22 1971*

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 7th day of August A.D., 19 79 at 4:46 o'clock P M., and duly recorded in Vol 170 of Deeds on Page 18841.

FEE \$3.50

WM. D. MILNE, County Clerk
By *Bernice Helich*, Deputy

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