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HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. 79 Page 27916

CERTIFICATE OF DEATH

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DECEASED—NAME		First	Middle	Last	State File Number
1		LLOYD	LEONARD	ALLEN	2
RACE White, Black, American Indian, etc. (Specify)		3	4	5a	5b
White		Male	71	Under 1 year	Under 1 day
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		DATE OF BIRTH (month, day, year)	
7a Klamath		7b Klamath Falls		6 October 12, 1908	
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8 Nebraska		9 U.S.A.		10 Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		SPOUSE (IF MARRIED, WIDOWED)	
13 543 - 10 - 4285		14a Mechanic - Retired		11 Dorothy Allen	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	KIND OF BUSINESS OR INDUSTRY	
15a Oregon		15b Klamath	15c Klamath Falls	14b Weyerhaeuser Timber Company	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		STREET AND NUMBER OR R.F.D., ZIP 97601	
16 James Edmond Allen		17 Minnie Kelley		15d 2332 Orchard Street	
BURIAL, CREMATION, REMOVAL, MAUS, (Specify)		CEMETERY OR CREMATORY—NAME		INFORMANT—NAME and relationship to deceased	
19a Burial		19b Eternal Hills Memorial Gardens		18 Dorothy Allen - Wife	
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		LOCATION city or town state	
20a		WARD'S - 1945 Main - Klamath Falls, Oregon 97601		19c Klamath Falls, Oregon	
20b To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, (Signature)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21a		21b 11/26/79		21c 2:00 P M	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d David Seeley, M.D. / 611 Medical-Dental Bldg. / Klamath Falls, Oregon 97601			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR			
22a NOV 27 1979		22b (Signature) Marian Ackerman			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
(a) Metastatic Brain Cancer		2 months			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) Renal Cell Carcinoma - metastatic		1 yr.			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER	
24 No		25 No		25 (Specify Yes or No)	
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
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	
26e		26f		26g	

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 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 NOV 27 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 3rd day of December A.D., 19 79 at 9:43 o'clock A M., and duly recorded in Vol. 479 of Deeds on Page 27916.

FEE \$3.50

WM. D. MILNE, County Clerk

By Marian Ackerman, Deputy