

77986

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics SectionVol. ^m79 Page 28529TYPE
PRINT
IN
ANENT
ACK
JK
OR
CTIONS
EE
BOOKIDENT
LATH
RED IN
LITH
LITH
HONG
TION OF
ITEMS

SITION

IFIER

SE OF
ATH

5.

6.

Local File Number		State File Number	
408			
CERTIFICATE OF DEATH			
DECEASED—NAME		DATE OF DEATH (month, day, year)	
1 BERNALINE NMI MILLER		2 November 6, 1979	
RACE White, Black, American Indian, etc. (specify)		DATE OF BIRTH (month, day, year)	
3 White		6 August 15, 1902	
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH	
7a Klamath		7b Klamath Falls	
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
8 IOWA		9 U.S.A.	
SOCIAL SECURITY NUMBER		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
13 516-09-9033		10 Married	
RESIDENCE—STATE		SPOUSE (IF MARRIED, WIDOWED)	
15a Oregon		11 Elmer W. Miller	
COUNTY		KIND OF BUSINESS OR INDUSTRY	
15b Klamath		14b Homemaking	
CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP	
15c Klamath Falls		15d 1867 Gary Street 97601	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last	
16 Dan Reynolds		17 Nannette	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME	
19a Burial		19b Eternal Hills Memorial Gardens	
FUNERAL SERVICE LICENSEE Or person Acting As Such		NAME AND ADDRESS OF FACILITY	
20a William F. Newport		20b 6420 South Sixth Street, Klamath Falls, Oregon 97601	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)	
21a (Signature) William G. Holford, Jr.		21b 11/7/79	
CERTIFIER—NAME AND TITLE (Type or print)		HOUR OF DEATH	
21d William G. Holford, Jr., MD, 4036 South Sixth Street, Klamath Falls, Oregon 97601		21c 2:20 P M	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		MAILING ADDRESS (Street, city or town, state, zip)	
21e			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR	
22a NOV 8 1979		22b (Signature) Marian Ackerman	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
(a) Intracerebral hemorrhage, left hemisphere		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		5 1/2 hours	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
ACCIDENT (Specify Yes or No)		AUTOPSY (Specify Yes or No)	
26a		24 No	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
26b		26c	
INJURY AT WORK (Specify Yes or No)		DESCRIBE HOW INJURY OCCURRED	
26d		26d	
PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)		LOCATION	
26f		26g	
STREET OR R.F.D. NO. CITY OR TOWN STATE			
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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar

Date NOV 8 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 12th day of December A.D., 19 79 at 10:55 o'clock A.M., and duly recorded in Vol. 79 of Deeds on Page 28529.

FEE \$3.50

WM. D. MILNE, County Clerk

By William D. Milne, Deputy