

78652

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CERTIFICATE OF DEATH

TYPE
PRINT
IN
MANENT
BLACK
INK
FOR
RECORDS
SEE
BOOK

EDENTR
DEATH
IN
BOOK
CAPTION
SECTION
OF
RECORDS

SECTION

REGISTER

CAUSE
OF
DEATH
LAST

USE OF
DEATH

Local File Number		State File Number	
DECEASED—NAME First Middle Last		DATE OF DEATH (month, day, year)	
1 WILBUR EDWARD MIDDLETON		2 February 20, 1979	
RACE White, Black, American Indian, etc. (Specify)		DATE OF BIRTH (month, day, year)	
3 White		6 January 26, 1920	
4 Male		5a Under 1 year mos. days	
5b Under 1 year hours min		5c Under 1 year	
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH	
7a Jackson		7b Medford	
7c Providence Hospital		7d Inpatient	
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
8 Montana		9 U.S.A.	
10 Married		11 Judith	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
13 517-16-8659		14a Manager	
KIND OF BUSINESS OR INDUSTRY		14b Henris Roofing Co.	
15a Oregon		15b Klamath	
15c Klamath Falls		15d 238 Fulton St.	
15e Yes		15f Yes	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last	
16 Frank E. Middleton		17 Ruth Detrich	
INFORMANT—NAME and relationship to deceased		18 Judith Middleton-Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (Specify)		CEMETERY OR CREMATORY—NAME	
19a Burial		19b Sunset Memorial Gardens	
19c Coos Bay, Oregon		19d NAME AND ADDRESS OF FACILITY	
20a Perl Funeral Home 426 W. Sixth St. Medford, Oregon 97501		20b DATE SIGNED (Mo., Day, Yr.)	
20c 2/22/79		20d 2:10 p.m.	
20e NAME AND ADDRESS OF CERTIFIER (Type or Print)		20f Roger P. Bernard 69 Murphy Rd. Medford, Oregon 97501	
20g NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		20h DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
20i February 23, 1979		20j IMMEDIATE CAUSE	
20k (a) DUE TO, OR AS A CONSEQUENCE OF:		20l (b) DUE TO, OR AS A CONSEQUENCE OF:	
20m (c) DUE TO, OR AS A CONSEQUENCE OF:		20n PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death, if any, given in PART I (a)	
20o ACCIDENT (Specify Yes or No)		20p DATE OF INJURY (Mo., Day, Yr.)	
20q No		20r No	
20s INJURY AT WORK (Specify Yes or No)		20t PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
20u No		20v No	
20w LOCATION		20x STREET OR R.F.D. NO.	
20y CITY OR TOWN		20z STATE	

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

VS-2 Rev-1-78 P-65412

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

ct
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DATE FEB 23 1979
J. M. Middleton
2241 Greenspring Dr. #10
K. Falls, Or.



REGISTRAR, VITAL STATISTICS
BY: [Signature]

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 27th day of December A.D., 19 79 at 11:14 o'clock A M., and duly recorded in Vol. M79 of Deeds on Page 29599.

FEE \$3.50

WM. D. MILNE, County Clerk
By: [Signature] Deputy