

79460

## CERTIFICATE OF DEATH

State File Number

DATE OF DEATH (month, day, year)

2 January 6, 1980

DATE OF BIRTH (month, day, year)

6 January 20, 1897

DECEASED—NAME		First	Middle	Last
Raymond		L.		Hall
1 RACE White, Black, American Indian, etc. (specify)	2 SEX	3 AGE—Last birthday (years)	4 Under 1 year	5 Under 1 day
White	Male	82	mos. days	hours min.
6 COUNTY OF DEATH	7a CITY, TOWN OR LOCATION OF DEATH	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	7c	
Klamath	Klamath Falls	Washburn Manor		
8 STATE OF BIRTH (If not in U.S.A., name country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	11 SPOUSE (IF MARRIED, WIDOWED)	
Illinois	U.S.A.	Married	Mary C. Hall	
12 SOCIAL SECURITY NUMBER	13a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	13b CITY, TOWN, OR LOCATION	13c STREET AND NUMBER OR R.F.D., ZIP	13d
519-05-0040	Millwright	Klamath Falls	6345 Simmers Ave.	97601
14a RESIDENCE—STATE	14b COUNTY	14c MOTHER—Maiden Name first middle last	14d INFORMANT—NAME and relationship to deceased	
Oregon	Klamath	Jeanette Winter	Richard R. Hall, Son	
15a FATHER—NAME first middle last	15b	15c LOCATION city or town state	15d	
Winfield S. Hall		Klamath Falls, Oregon		
16 BURIAL, CREMATION, REMOVAL MAUSOLEUM (specify)	16b CEMETERY OR CREMATORY—NAME			
Burial	Klamath Memorial Park			
17a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature)	17b NAME AND ADDRESS OF FACILITY		17c DATE SIGNED (Mo., Day, Yr.)	
<i>[Signature]</i>	O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601		17d HOUR OF DEATH	
18a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated	18b NAME AND ADDRESS OF CERTIFIER (Type or Print)		18c	
	William G. Holford Jr., M.D. 4036 So. 6th St., Klamath Falls, Ore. 97601			
19a NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	19b			
20a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	20b REGISTRAR (Signature)		20c	
JAN 8 1980	<i>[Signature]</i>			
21 IMMEDIATE CAUSE	21b (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
(a) DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death			
22 PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		22b AUTOPSY (Specify Yes or No)		22c WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)
		No		No
23 ACCIDENT (Specify Yes or No)		23a DATE OF INJURY (Mo., Day, Yr.)	23b HOUR OF INJURY	23c DESCRIBE HOW INJURY OCCURRED
24 INJURY AT WORK (Specify Yes or No)	24a PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	24b LOCATION	24c STREET OR R.F.D. NO.	24d CITY OR TOWN
25 RESERVED FOR REGISTRAR'S USE				

VS-2 Rev-1-78 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By *[Signature]* Deputy Registrar  
Date JAN 9 1980

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 17th day of January A.D., 19 80 at 10:53 o'clock A M., and duly recorded in Vol. M-80 of Deeds on Page 993.WM. D. MILNE, County Clerk  
By *[Signature]* Deputy

FEE \$3.50