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# OREGON STATE BOARD OF HEALTH VITAL STATISTICS SECTION

Vol. 180 Page 1206

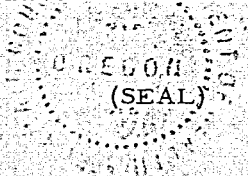
## CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER <u>277</u>		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)		First Middle Last	
<u>Napoleon</u>		<u>Bonepart "Bert"</u> <u>Wade</u>	
2. PLACE OF DEATH A. COUNTY		3. USUAL RESIDENCE (If Institution, give residence before admission) A. STATE B. COUNTY	
<u>Klamath</u>		<u>Oregon</u> <u>Klamath</u>	
B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION	
<u>Klamath Falls</u>		<u>Klamath Falls</u>	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		D. STREET ADDRESS, RURAL ROUTE, ETC.	
<u>2610 Bly St.</u>		<u>2610 Bly St.</u>	
4. DATE OF DEATH Month Day Year	5. SEX	6. COLOR OR RACE	7. MARITAL STATUS
<u>October 13, 1958</u>	<u>Male</u>	<u>White</u>	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married
8. SOCIAL SECURITY NO.	9. USUAL OCCUPATION (Kind of work done during most of life)	10. KIND OF BUSINESS OR INDUSTRY	11. NAME OF SPOUSE
<u>543-10-0100</u>	<u>Laborer</u>	<u>Lumber Industry</u>	<u>-----</u>
12. DATE OF BIRTH Month Day Year	13. AGE LAST BIRTHDAY Yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HOURS Hours Minutes
<u>September 17, 1883</u>	<u>75</u>		
14. BIRTHPLACE (State or Foreign Country)	15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country	16. IF DECEASED WAS A VETERAN. WHAT WAR?	
<u>Oregon</u>		<u>-----</u>	
17. NAME OF FATHER	18. MAIDEN NAME OF MOTHER	19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED	
<u>Ben Wade</u>	<u>Rebecca Inman</u>	<u>Ben Wade-Son</u>	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):			Interval Between Onset and Death (Years, days, hours, etc.)
<u>Coronary Occlusion</u>			<u>sudden</u>
Conditions, if any, ) DUE TO (B): which gave rise to ) above cause (a), ) stating the under- ) lying cause last. ) DUE TO (C):			<u>years</u>
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):			21. If deceased was Female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
			22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work	25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)	25B. City County State
26. TIME OF INJURY Hour a. m. p. m.	27. DESCRIBE HOW INJURY OCCURRED.		
28. CERTIFICATE: I certify that I (signature) (investigated the death of) the deceased from or on <u>Oct. 13, 1958</u> to <u>Oct. 13, 1958</u> and that the death occurred at <u>app 6:00 p.m.</u> from the causes and on the date stated above. (date) (date) (date) <u>J. Martin Adams, MD, Klamath County Coroner, Klamath Falls, Ore.</u> <u>10/15/58</u> (Signature) (Title) (Address) (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other	30B. DATE <u>10/15/58</u>	30C. NAME OF CREMATORY OR CEMETERY <u>Maple Grove Cemetery</u>	30D. LOCATION (City or Town) State <u>Scotts Mills, Oregon</u>
31. DATE RECEIVED BY LOCAL REGISTRAR <u>10-15-58</u>		32. REGISTRAR'S SIGNATURE AND ADDRESS <u>Robbie L. Myers</u> <u>W. P. Mills Klamath Falls, Oregon</u>	

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.



S. M. Kerron, M.D.  
Registrar Vital Statistics

By Robbie L. Myers  
Deputy  
Date October 15 19 58

VS-16 2/56

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 21st day of January A.D., 19 80 at 12:03 o'clock P.M., and duly recorded in Vol M-80 of Deeds on Page 1206.

FEE \$3.50

WM. B. MILNE, County Clerk

By Jacqueline J. Mettler Deputy