

## CERTIFICATE OF DEATH

Local File Number 27		State File Number	
DECEASED—NAME First Middle Last 1 CHARLIE WADE ROBERTS		DATE OF DEATH (month, day, year) 2 February 1, 1980	
RACE White, Black, American Indian, etc. (specify) 3 White		SEX 4 Male	
AGE—Last birthday (years) 5a 67		Under 1 year 5b mos. days 5c hours min.	
COUNTY OF DEATH 7a Klamath		DATE OF BIRTH (month, day, year) 6 August 8, 1912	
CITY, TOWN OR LOCATION OF DEATH 7b Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7c West Medical Center	
STATE OF BIRTH (if not in U.S.A., name country) 8 Louisiana		CITIZEN OF WHAT COUNTRY 9 U.S.A.	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married		SPOUSE (IF MARRIED, WIDOWED) 11 Edna Wilson	
SOCIAL SECURITY NUMBER 13 527 - 01 - 2711		KIND OF BUSINESS OR INDUSTRY 14b Lumber	
USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Timber Faller		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No	
RESIDENCE—STATE 15a Oregon		COUNTY 15b Klamath	
CITY, TOWN, OR LOCATION 15c Bonanza		STREET AND NUMBER OR R.F.D. NO. 15d Box 95	
FATHER—NAME first middle last 16 Colen Floyd Roberts		MOTHER—Maiden Name first middle last 17 Nancy Elizabeth Roberts	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens	
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) 20a Jim Lancaster		NAME AND ADDRESS OF FACILITY 20b Ward's Klamath Funeral Home 1945 Main St. Klamath Falls, Ore.	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21a [Signature] Kenneth K. Magee		DATE SIGNED (Mo., Day, Yr.) 21b 2-5-80	
CERTIFIER—NAME AND TITLE (Type or print) 21d Kenneth K. Magee, M.D., 409 Medical-Dental Bldg. Klamath Falls, Oregon 97601		MAILING ADDRESS (Street, city or town, state, zip) 21c 3:47 P.M.	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a FEB 6 1980		REGISTRAR 22b [Signature] Marian Ackerman	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Cardiac arrest		Interval between onset and death minutes	
(b) Vascular embolism		Interval between onset and death 1	
(c) Atherosclerotic Heart Disease		Interval between onset and death year	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 11 Recent myocardial infarction		AUTOPSY (Specify Yes or No) 24 No	
WAS CASE REFERRED TO MEDICAL EXAMINER 25 [Specify Yes or No] No			
ACCIDENT (Specify Yes or No) 26a No		DATE OF INJURY (Mo., Day, Yr.) 26b	
HOUR OF INJURY 26c		DESCRIBE HOW INJURY OCCURRED 26d	
INJURY AT WORK (Specify Yes or No) 26e No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	
LOCATION 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 [Signature] Deputy Registrar

Date FEB 7 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 14th day of February A.D., 19 80 at 12:53 o'clock P. M., and duly recorded in Vol. 1180 of Deeds on Page 2976.

FEE \$3.50

WM D. MILNE, County Clerk

By [Signature] Deputy

3.50  
cash