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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. M90 Page 4080

CERTIFICATE OF DEATH

DECEASED—NAME First Middle Last
MILAN EDWARD HOLLAND

RACE White, Black, American Indian, etc. (specify) White SEX Male AGE—Last birthday (years) 70

CITY, TOWN OR LOCATION OF DEATH Klamath Falls

CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married

SPOUSE (IF MARRIED, WIDOWED) Mary G. Holland

DATE OF DEATH (month, day, year) February 25, 1980

DATE OF BIRTH (month, day, year) May 1, 1909

COUNTY OF DEATH Klamath

STATE OF BIRTH (If not in U.S.A., name country) Washington

SOCIAL SECURITY NUMBER 541 - 10 - 9279

USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Owner - Retired

RESIDENCE—STATE Oregon COUNTY Klamath CITY, TOWN, OR LOCATION Klamath Falls STREET AND NUMBER OR R.F.D., ZIP 97601

FATHER—NAME first middle last Robert Holland MOTHER—Maiden Name first middle last Alice Beauchamp

BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial CEMETERY OR CREMATORY—NAME Mt. Calvary Cemetery

INFORMANT—NAME and relationship to deceased Mary G. Holland - Wife

LOCATION city or town state Klamath Falls, Oregon

CERTIFIER—NAME AND TITLE (Type or print) Kenneth K. Magee, M.D. / Rm 409, Medical-Dental Bldg. / K. Falls, Or

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] FEB 28 1980 REGISTRAR [Signature] Shelia Marie

IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]
(a) Cardiac arrest
(b) Probable Cardiac arrhythmia
(c) Advanced coronary atherosclerosis

OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in: PART I (a), (b), and (c).
y.s.s.

ACCIDENT [Specify Yes or No] No DATE OF INJURY [Mo., Day, Yr.] HOUR OF INJURY M 26d DESCRIBE HOW INJURY OCCURRED

INJURY AT WORK [Specify Yes or No] No PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] 26f LOCATION 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By [Signature] Deputy Registrar
Date February 28, 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 3rd day of March A.D., 1980 at 3:59 o'clock P.M., and duly recorded in Vol. M-80, of Deeds on Page 4080.

FEE \$3.50

WM. D. MILNE, County Clerk

By [Signature] Deputy