

81498

30 MAR 5 PM 3 32 Vol. 80 Page 4204
 38-19396

STATE OF OREGON - HEALTH DIVISION
 Vital Statistics Section

77-003528

State File Number

CERTIFICATE OF DEATH

CEASED

al residence
 are deceased
 ed. If death
 urred in insti-
 on, give
 dence before
 mission.

CAUSE

153
 Local File Number

First Middle Last
 Merit ADAMS

DECEASED-NAME James

1. RACE White, Negro, American Indian, etc. (specify) White

2. SEX Male

3. AGE-Last birthday (years) 63

4. CITY, TOWN, OR LOCATION OF DEATH Roseburg

5. Under 1 year mos. days Under 1 day hours min.

6. DATE OF DEATH (month, day, year) March 24, 1977

7. DATE OF BIRTH (month, day, year) August 7, 1913

8. HOSPITAL OR OTHER INSTITUTION-NAME (if not in either, give street and number) Veterans Administration Hospital

9. NAME OF SPOUSE Viola Adams

10. KIND OF BUSINESS OR INDUSTRY Automobile

11. STREET AND NUMBER OR R.F.D. Harriman Rt Box 71A

12. SOCIAL SECURITY NUMBER 519 09 3925

13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Car loader

14. CITY, TOWN, OR LOCATION Klamath Falls

15. INSIDE CITY LIMITS (specify yes or no) No

16. INFORMANT-NAME and relationship to deceased VA Hospital Records

17. RESIDENCE-STATE Oregon

18. COUNTY Klamath

19. MOTHER-Maiden Name first middle last Carry McKellum

20. FATHER-NAME first middle last Charles W. Adams

21. DEATH WAS CAUSED BY: (a) Pulmonary embolism, bilateral, massive, recent. (b) due to, or as a consequence of: (c) due to, or as a consequence of:

22. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) Pneumonia - stroke

23. ACCIDENT (specify yes or no) 20a. DATE OF INJURY (month, day, year) Feb. 26, 1977

24. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) Mar. 24, 1977

25. LOCATION (street or R.F.D. No., city or town, county, state) White City, OR

26. INJURY AT WORK (specify yes or no) 20b. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) Mar. 24, 1977

27. DEATH OCCURRED (hour) 7:52 P.M.

28. DATE SIGNED (month, day, year) Mar. 25, 1977

29. CERTIFICATION-PHYSICIAN: attended the VA deceased from: Feb. 26, 1977 to Mar. 24, 1977

30. PHYSICIAN-SIGNATURE

31. MAILING ADDRESS-PHYSICIAN Veterans Administration Hospital, Roseburg, OR 97470

32. BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. National Cemetery

33. FUNERAL HOME-SIGNATURE 24b. Chapel of Roses, Roseburg, Oregon 97470

34. REGISTRAR-SIGNATURE 24c. DATE RECEIVED BY LOCAL REGISTRAR March 29, 1977

35. DATE RECEIVED BY STATE REGISTRAR APR 11 1977

36. RESERVED FOR REGISTRAR'S USE

37. VS-2 R-69

DATE ISSUED

STATE OF OREGON, COUNTY OF MULTNOMAH ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Return to: Mrs Viola J. Amundson
 Harriman Route Box 71-A
 Klamath Falls, ORE. 97601

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON, COUNTY OF KLAMATH, ss

I hereby certify that the within instrument was received and filed for record on the 5th day of March A.D., 1980 at 3:32 o'clock P.M., and duly recorded in Vol. 480 of Deeds on Page 4204.

WM. D. MILNE, County Clerk
 By Bernice A. Skeloch Deputy

FEE \$3.50