

33132 97  
Local File Number

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES  
Vital Statistics Section

Vol. 1780 Page 6906

# CERTIFICATE OF DEATH

DECEASED—NAME			First		Middle		Last		State File Number	
1 RUTH VIRGINIA WILLIAMS									2 March 11, 1980	
RACE White, Black, American Indian, etc. (specify)			SEX		AGE—Last birthday (years)		Under 1 year		Under 1 day	
3 White			4 Female		5a 76		5b mos. days		5c hours min.	
COUNTY OF DEATH			CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		DATE OF BIRTH (month, day, year)		6 January 5, 1904	
7a Klamath			7b Klamath Falls		7c West Medical Center				7d Inpatient	
STATE OF BIRTH (if not in U.S.A., name country)			CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		11 James Ed Williams	
8 North Dakota			9 USA		10 Married				12 No	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 541-09-9609			14a Housewife		14b At home					
RESIDENCE—STATE			COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D. ZIP		15c 5280 Orpine Court 97601	
15a Oregon			15b Klamath		15c Klamath Falls		15d 5280 Orpine Court		15e Yes	
FATHER—NAME first middle last			MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased		LOCATION city or town state		18 James Ed Williams (Husband)	
16 John Herrick			17 Nellie Sperry							
BURIAL, CREMATION, REMOVAL, MAUS, (specify)			CEMETERY OR CREMATORY—NAME		19c Klamath Falls, Oregon					
19a Burial			19b Eternal Hills Memorial Gardens							
FUNERAL SERVICE LICENSEE or person Acting As Such (Signature)			NAME AND ADDRESS OF FACILITY		20 Klamath Funeral Home, Inc., Klamath Falls, Oregon 97601					
20a			20b		20c		20d		20e	
To the best of my knowledge, death occurred at this time, date and place and due to the cause(s) stated			21a (Signature) Bryan J. Stuart, M.D.		DATE SIGNED (Mo., Day, Yr.) 3/17/80		HOUR OF DEATH 11:55 P. M.			
NAME AND ADDRESS OF CERTIFIER (Type or Print)			21d Bryan J. Stuart, M.D., 2850 Daggett Street, Klamath Falls, Oregon 97601							
21e			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR					
22a MAR 18 1980			22b (Signature) Shelia Marie							
PART I IMMEDIATE CAUSE			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]							
1 (a) Undetermined									Interval between onset and death Immediate	
(b) Cerebral Vascular Accident									Interval between onset and death	
(c)									Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER					
II Chronic Obstructive Lung Disease			24 No		25 (Specify Yes or No) No					
ACCIDENT (Specify Yes or No)			DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a			26b		26c		26d			
INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO. CITY OR TOWN STATE			
26a			26b		26c		26d			
26e			26f		26g					
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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Shelia Marie, Deputy Registrar

Date March 18, 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 April A.D., 19 80 at 2:27 o'clock A.M., and duly recorded in Vol. 1780 of Deeds on Page 6906.

FEE \$3.50

WM. D., MILNE, County Clerk

By [Signature] Deputy