

## CERTIFICATE OF DEATH

Local File Number		State File Number	
DECEASED—NAME First Middle Last		DATE OF DEATH (month, day, year)	
1 ALVIN LYMAN WOLDT		2 January 3, 1980	
RACE White, Black, American Indian, etc. (specify)		DATE OF BIRTH (month, day, year)	
3 White		6 July 23, 1910	
SEX		AGE—Last birthday (years)	
4 Male		5a 69	
COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	
7a Klamath		7c 1709 Bisbee	
CITY, TOWN OR LOCATION OF DEATH		IF HOSP. OR INST. Indicate DOA, GP/Emer. Rm., Inpatient (Specify)	
7b Klamath Falls		7d Home	
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
8 Wisconsin		9 USA	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)	
10 Married		11 Ruby Woldt	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13 399 - 07 - 2766		14a Engineer - Retired	
RESIDENCE—STATE		14b Burlington Northern Rail Road	
15a Oregon		15d 1709 Bisbee	
COUNTY		STREET AND NUMBER OR R.F.D., ZIP	
15b Klamath		15c Klamath Falls 97601	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last	
16 Otto Woldt		17 Mabel Calhoun	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME	
19a Burial		19b Eternal Hills Memorial Gardens	
FUNERAL SERVICE LICENSE or person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY	
20a [Signature]		Hard's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601	
21a [Signature]		DATE SIGNED [Mo., Day, Yr.]	
21b 1-4-80		HOUR OF DEATH	
21c 11:00 A.M.		21d Kenneth K. Magee, M.D., Medical Dental Building, Klamath Falls, Oregon 97601	
21e		21f	
DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]		REGISTRAR	
22a JAN 7 1980		22b [Signature] Marian Ackerman	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
(a) Respiratory Arrest		minutes	
(b) Severe Debility		months	
(c) Myocardial Infarction		years	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)	
24 No		25 (Specify Yes or No) No	
ACCIDENT (Specify Yes or No)		DATE OF INJURY [Mo., Day, Yr.]	
26a		26b	
INJURY AT WORK (Specify Yes or No)		HOUR OF INJURY	
26c		26d	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION	
26e		26f	
STREET OR R.F.D. NO.		CITY OR TOWN	
26g		STATE	

VS-2 Rev-8-78 P-85412

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 JAN 9 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

10th day of November A.D., 1980 at 1:38 o'clock P.M., and duly recorded in

Vol M80 of Deeds on page 21779.

Fee \$ 3.50

WM. D. MILNE, County Clerk  
By [Signature] deputy