92418

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

3600 3563

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED (First, Middle, Last): JESSIE LEE REESE

2. DATE OF DEATH: FEBRUARY 29, 1898

2a. DATE OF DEATH: JULY 24, 1976

3. SEX: MALE

4. COLOR OR RACE: CAUCASIAN

5. BIRTHPLACE (State or Foreign Country): ARKANSAS

6. AGE: 78 (Years)

7. IF UNDER 1 DAY, HOURS OR MINUTES:

8. IF UNDER 1 YEAR, MONTHS OR DAYS:

9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

10. CITIZEN OF WHAT COUNTRY: U.S.A.

11. SOCIAL SECURITY NUMBER: 568-07-7075

12. USUAL OCCUPATION: CARPENTER

13. KIND OF INDUSTRY OR BUSINESS: HOUSING CONSTRUCTION

14. LAST EMPLOYER: Unknown

15. YRS.: 15yrs.

16. NAME AND BIRTHPLACE OF FATHER: UNKNOWN - UNKNOWN

17. NAME AND BIRTHPLACE OF MOTHER: UNKNOWN - UNKNOWN

18. NAME OF SURVIVING SPOUSE (If wife, give maiden name): MARGUERITE EMERSON REESE

19. RESIDENCE: STREET ADDRESS: 1500 WEST 17th STREET

19a. INSIDE CITY LIMITS?: YES

20. CITY OR TOWN: SAN BERNARDINO

21. COUNTY: SAN BERNARDINO

22. STATE: CALIFORNIA

23. LENGTH OF RESIDENCE: 8 yrs

24. USUAL RESIDENCE: STREET ADDRESS: 18660 BOHNERT

25. CITY OR TOWN: RIALTO

26. COUNTY: SAN BERNARDINO

27. STATE: CALIFORNIA

28. LENGTH OF RESIDENCE: 50

PLACE OF DEATH

28a. PLACE OF DEATH: SAN BERNARDINO COMMUNITY HOSPITAL

29. CITY OR TOWN: SAN BERNARDINO

30. NAME OF HOSPITAL OR OTHER INSTITUTION: If not in hospital, give street address or location

PHYSICIAN'S OR CORONER'S CERTIFICATION

31. I ATTENDED THE DECEASED FROM: 7-27-76 TO: 7-27-76

I saw her alive on the above dates.

32. I LAST SAW THE DECEASED ALIVE ON: 7-27-76

33. DEATH OCCURRED AT: 3:11 P.M.

34. DATE SIGNED: 7-27-76

35. PHYSICIAN (Signature and Title): Bill Hill M.D.

36. ADDRESS: 779 N. E St. San Bernardino

CAUSE OF DEATH

37. DEATH WAS CAUSED BY: (Enter only one cause per line for a, b, and c.)

PART I

a. ASHD — 10 yrs

b. — yrs

c. — yrs

PART II. OTHER SIGNIFICANT CONDITIONS: Contributing but not related to the cause given in Part I.

NO

38. WAS AUTOPSY PERFORMED?: NO

39. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?: NO

40. DID TOBACCO USE CONTRIBUTE TO DEATH?: NO

41. IF FEMALE: PREGNANT WITHIN PAST YEAR?: NO

INJURY INFORMATION

42. DATE OF INJURY: JULY 29, 76

43. TIME: 1:00 P.M.

44. INJURY AT WORK?: NO

45. PLACE OF INJURY (Street and number or location; city or town; state): Intersection

46. DESCRIBE HOW INJURY occurred: Pedestrian struck by auto

47. IF TRANSPORTATION INJURY, STATE WHETHER DRIVER, PASSENGER, PEDESTRIAN, ETC.: Pedestrian

48. DID INJURY OCCUR IN OR AS A RESULT OF: (a) WORK?: NO (b) MOTOR VEHICLE ACCIDENT?: NO

FUNERAL DIRECTOR AND LOCAL REGISTRAR

49. DISPOSITION: CREMATION

50. DATE: JULY 29, 76

51. NAME OF CEMETERY OR CREMATORY: GREEN ACRES MEMORIAL GARDENS

52. LOCATION: San Bernardino

53. NAME AND MAILING ADDRESS OF FUNERAL DIRECTOR: MARGUERITE REESE 18660 BOHNERT RIALTO, CALIFORNIA

54. DATE RECEIVED BY LOCAL REGISTRAR: JUL 27

55. REGISTRAR (Signature): ASHD

STATE REGISTRAR

56. DATE RECEIVED BY STATE REGISTRAR:

57. STATE REGISTRAR (Signature):

MEDICAL ARCHIVES TRANSCRIPT 60 HOW 12

I hereby certify that this is a true copy of the record if the seal is impressed in purple ink.

OCT 3 · 1980

RECORDER SAN BERNARDINO COUNTY, CALIF.

CLERK-RECORDER
San Bernardino County, Calif.

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the 12th day of November A.D., 19 80 at 1:49 o'clock P M., and duly recorded in Vol M80 of Deeds on page 21932.

Fee $ $3.00

WM. D. MILNE, County Clerk
by Samantha J. Lilach deputy

Return:
779 N. E St.
San Bernardino, Ca 92410

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FORM No. 959—STATUTORY LIEN—SATISFACTION OF. STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR. 97204

92419

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KNOW ALL MEN BY THESE PRESENTS, That the undersigned hereby certifies and declares that that certain lien dated November 6, 1980, *in which* Alex Fleming, Jr. and Velma L. Fleming *is the claimant, recorded on* November 7, 1980, *in the record of* Klamath *County, Oregon, in book* M 80 *at page* 21679, ~~*or as file/reel number (indicate which)*~~ *of said records;*

wherein a lien was claimed upon a stack of logs located at the yards of D. G. Shelter Products-Klamath Division, 3300 Memorial Drive, Klamath Falls, Oregon, being about 94,820 net board feet more or less, which were obtained in Klamath County, State of Oregon, are marked thus yellow P