

Local File Number		State File Number	
380			
CERTIFICATE OF DEATH			
1 DECEASED—NAME First Middle Last JAMES HERBERT SUDBURY		2 DATE OF DEATH (month, day, year) November 1, 1980	
3 RACE (White, Black, American Indian, etc. (specify)) White	4 SEX Male	5a AGE—Last birthday (years) 66	5b Under 1 year Under 1 day 5c hours min
6 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Klamath Co. Nursing Home	
7b STATE OF BIRTH (If not in U.S.A., name country) Arkansas		7c IF HOSP. OR INST. Indicate DOA, OP, Emg., Rm., Inpatient (Specify) Inpatient	
8 SOCIAL SECURITY NUMBER 540-18-0750		9 U.S.A. CITIZEN OF WHAT COUNTRY	
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		11 SPOUSE (IF MARRIED, WIDOWED) Dorothy Sudbury	
12 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender		13 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes	
14a RESIDENCE—STATE Oregon		14b KIND OF BUSINESS OR INDUSTRY Retail Liquor Sales	
15a COUNTY Klamath		15b CITY, TOWN, OR LOCATION Klamath Falls	
16 FATHER—NAME first middle last James Wesley Sudbury		17 MOTHER—Maiden Name first middle last Gracie Knight	
18a Burial, CREMATION, REMOVAL, MAUSOLEUM (specify) Burial		18b CEMETERY OR CREMATORY—NAME Klamath Memorial Park	
19a FUNERAL SERVICE LICENSE or Person Acting As Such (Specify) William J. Davenport		19b NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601	
20a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated 20b (Signature) Edward T. McClure		21a DATE SIGNED (Mo., Day, Yr.) 11/3/80	
21b NAME AND ADDRESS OF CERTIFIER (Type or Print) Edward T. McClure, MD, Medical Dental Bldg, 905 Main St., Klamath Falls, Oregon 97601		21c HOUR OF DEATH 3:30 A.M.	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) NOV 3 1980		22b REGISTRAR (Signature) Claudia Francis	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I (a) Cancer of lung		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
24a ACCIDENT (Specify Yes or No) No		24b AUTOPSY (Specify Yes or No) No	
25a PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25b		25c WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
26a INJURY AT WORK (Specify Yes or No) No		26b DESCRIBE HOW INJURY OCCURRED	
26c LOCATION M 26d		26e STREET OR R.F.D. NO CITY OR TOWN STATE	
26f RESERVED FOR REGISTRAR'S USE			

HS-2 Rev-1-80

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 Claudia Francis, Deputy Registrar

Date NOV 4 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

25th day of November A.D., 19 80 at 2:35 O'clock P.M., and duly recorded in

Vol 1180 of DEEDS on Page 22887.

Fee \$3.50

WM D. MILNE, County Clerk
by Jacqueline J. Mettler

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