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MAR 5

STATE OF OREGON

DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

Vol. M81

Page

3975

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

PRECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
SIGNATURE ITEMS

POSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF DEATH

4.
5.
6.

RESERVED FOR REGISTRAR'S USE

DECEASED—NAME		First		Middle		Last		State File Number	
1 Lawrence		John		HORTON		DATE OF DEATH (month, day, year)		February 25, 1981	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE—Last birthday (years)		Under 1 year mos. days		Under 1 day hours min.	
3 White		4 Male		5a 84		5b		5c	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify)		COUNTY OF DEATH		7d Jackson	
7a Medford		7b Rogue Valley Mem. H.		7c Inpatient		7d		7e	
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)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Oregon		9 U.S.A.		10 Widowed		11 Anne (D)		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		13 540-44-2922		14a Rancher	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		15a Oregon	
15b Klamath		15c Klamath Falls		15d Rt. 2 Box 798		15e No		15f	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased		16 Charles Horton		17 Nettie Colahan	
BURIAL CREMATION, REMOVAL, MAUS, (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state		18 John C. Horton - Son ✓		19c Bonanza, Oregon	
19a Burial		19b Lost River Cemetery		FURNERAL SERVICE LICENSEE Or Person Acting As Such		NAME AND ADDRESS OF FACILITY		20a Perl Funeral Home, 426 West Sixth St., Medford, OR	
20b		20c		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		21a 3-3-81	
21b		21c		21d Eric S. Overland, M.D., 691 Murphy Road, Medford, Oregon 97501		21e		21f	
21g		21h		21i		21j		21k	
21l		21m		21n		21o		21p	
21q		21r		21s		21t		21u	
21v		21w		21x		21y		21z	
22a		22b		22c		22d		22e	
22f		22g		22h		22i		22j	
22k		22l		22m		22n		22o	
22p		22q		22r		22s		22t	
22u		22v		22w		22x		22y	
22z		22aa		22ab		22ac		22ad	
22ae		22af		22ag		22ah		22ai	
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22ao		22ap		22aq		22ar		22as	
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22cc		22cd		22ce		22cf		22cg	
22ch		22ci		22cj		22ck		22cl	
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22cr		22cs		22ct		22cu		22cv	
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22dv		22dw		22dx		22dy		22dz	
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22gn		22go		22gp		22gq		22gr	
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22gx		22gy		22gz		22ha		22hb	
22hc		22hd		22he		22hf		22hg	
22hi		22hj		22hk		22hl		22hm	
22hn		22ho		22hp		22hq		22hr	
22hs		22ht		22hu		22hv		22hw	
22hx		22hy		22hz		22ia		22ib	
22ic		22id		22ie		22if		22ig	
22ih		22ii		22ij		22ik		22il	
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22jv		22jw		22jx		22jy		22jz	
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