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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

336
Local File Number

CERTIFICATE OF DEATH

70-015081
State File Number

DECEASED—NAME: First HAROLD Middle LETTH Last KLINE

RACE (White, Negro, American Indian, etc. specify): 3 White

SEX: 4 Male

AGE (Last birthday) (years): 5a 79

Under 1 year: 5b mos. / days

Under 1 day: 5c hours / min.

DATE OF DEATH (month, day, year): 2 October 11, 1970

DATE OF BIRTH (month, day, year): 6 August 10, 1891

COUNTY OF DEATH: 3a Klamath

CITY, TOWN, OR LOCATION OF DEATH: 7b Klamath Falls

Inside City Limits (specify yes or no): 7c No

HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 7d 5541 Independence Avenue

STATE OF BIRTH (If born in U.S.A. name state): 8 Colorado

CITIZEN OF WHAT COUNTRY: 9 USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Widowed

NAME OF SPOUSE: 11 —

SOCIAL SECURITY NUMBER: 7 540-20-0120

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 12a Logger - Retired

KIND OF BUSINESS OR INDUSTRY: 12b Saw mills

RESIDENCE—STATE: 14a Oregon

COUNTY: 14b Klamath

CITY, TOWN, OR LOCATION: 14c Klamath Falls

Inside City Limits (specify yes or no): 14d No

STREET AND NUMBER OR R.F.D.: 14e 5541 Independence Avenue

FATHER—NAME first middle last: 15 Franklin A. Kline

MOTHER Maiden Name first middle last: 16 Marena — Blair

INFORMANT—NAME and relationship to deceased: 17 Harlan Kline (Brother)

PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).

(Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last)

18a Coronary occlusion — approximate interval between onset and death: immediate

18b due to, or as a consequence of:

18c

PART II. OTHER SIGNIFICANT CONDITIONS conditions contributing to death but not related to cause given in Part I (a).

ACCIDENT (specify yes or no) 20a	DATE OF INJURY (month, day, year) 20b	HOUR 20c	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d	AUTOPSY (yes or no) 19a No	IF YES were findings considered in determining cause of death 19b
INJURY AT WORK (specify yes or no) 20e	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f	LOCATION (street or R.F.D. No., city or town, county, state) 20g			

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year 21 June 15 '57 to Oct. 11 1970

And Last Saw Him/Her Alive on: month day year Sept 4 70

I Did/Did Not view the body after death (specify)

DEATH OCCURRED (hour) About 2:30 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE 22a Raymond Tice M.D.

NAME (type or print) 22b Raymond Tice, M.D.

degree or Title

DATE SIGNED (month, day, year) 22c Oct 12 70

MAILING ADDRESS (Physician) (street, city or town, state, zip) 23 Medical Dental Building, Klamath Falls, Oregon 97601

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a Burial

CEMETERY OR CREMATORY—NAME 24b Klamath Memorial Park

LOCATION city or town, state 24c Klamath Falls, Oregon

DATE (mo., day, year) 24d Oct. 14, 1970

FUNERAL DIRECTOR—SIGNATURE 25a

FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) Ward's Alamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

REGISTRAR—SIGNATURE 26a Marian Ackerman

RESERVED FOR REGISTRAR'S USE

DATE RECEIVED BY LOCAL REGISTRAR 26b Oct. 20, 1970

DATE RECEIVED BY STATE REGISTRAR 27. NOV - 2 1970

28. AFTER RECORDING RETURN:

Mr. and Mrs. Harold G. Kline
12816 Hoback Street
Norwalk, California 90650

VS-2 R-69

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IS NOW IN MY CUSTODY.

DATE ISSUED: Dec. 23 1979