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**Local File Number**

# CERTIFICATE OF DEATH

DECEASED—NAME				First				Middle				Last				State File Number			
1				BERTHA				JANE				HERYFORD				2 DATE OF DEATH (month, day, year) April 22, 1981			
3 RACE White				4 SEX Female				5a AGE—Last birthday (years) 92				Under 1 year 5b mos days				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) 905 Main/Suite 611				7b IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient [Specify]				7c				7d DATE OF BIRTH (month, day, year) February 12, 1889			
8 STATE OF BIRTH (If not in U.S.A., name country) Utah				9 CITIZEN OF WHAT COUNTRY U.S.A.				10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed				11 SPOUSE (IF MARRIED, WIDOWED) Lyles				12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No] No			
13 SOCIAL SECURITY NUMBER 540 - 78 - 7115				14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Homemaker				14b				15 KIND OF BUSINESS OR INDUSTRY Homemaking							
15a RESIDENCE—STATE Oregon				15b CITY, TOWN, OR LOCATION Klamath Falls				15c STREET AND NUMBER OR R.F.D., ZIP Ashland Star Route 97601				15d				15e inside City Limits (specify yes or no) No			
16 FATHER—NAME first middle last N/R Tisdale				17 MOTHER—Maiden Name first middle last Lydia Carter				18 INFORMANT—NAME and relationship to deceased Henry Heryford - Son				19a LOCATION city or town state Klamath Falls, Oregon							
19b BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial				19c CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens				20a NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main / Klamath Falls, Oregon 97601				20b							
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated [Signature]				21b DATE SIGNED (Mo., Day, Yr.) 4/22/81				21c HOUR OF DEATH 10:00 A.M.											
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) David C. Seeley, MD				21e				21f				21g				21h			
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) APR 22 1981				22b REGISTRAR [Signature]				22c				22d				22e			
23 IMMEDIATE CAUSE I (a) CAUSE OF DEATH DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary Heart Disease DUE TO, OR AS A CONSEQUENCE OF: (c)				23a				23b				23c				23d			
24 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) DIVERTICULOSIS - Iritis				24a				24b				24c				24d			
25 ACCIDENT [Specify Yes or No] No				25a DATE OF INJURY (Mo., Day, Yr.)				25b HOUR OF INJURY				25c DESCRIBE HOW INJURY OCCURRED				25d			
26a INJURY AT WORK [Specify Yes or No]				26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]				26c				26d				26e			
26f				26g				26h				26i				26j			
26k				26l				26m				26n				26o			
26p				26q				26r				26s				26t			
26u				26v				26w				26x				26y			
26z				27a				27b				27c				27d			
27e				27f				27g				27h				27i			
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HS-2 Rev-1-00

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar  
Date Aug 8, 1998

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 1st day of May A.D., 1981 at 1:58 o'clock P M., and duly recorded in

Vol M8pf Deeds on Page 7795

Fee \$ 3.50

EVELYN BIEHN

00 11 CLK

By W. B. O'Gens deputy