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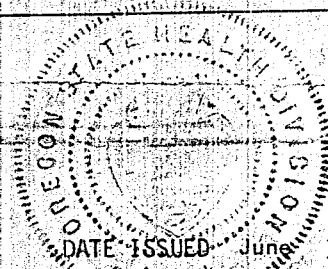
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81-000657

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number		State File Number	
16		81-000657	
DECEASED—NAME		DATE OF DEATH (month, day, year)	
Alice Marie Putnam		2 January 13, 1981	
RACE (Specify)		DATE OF BIRTH (month, day, year)	
White		6 November 14, 1897	
SEX		CITY, TOWN OR LOCATION OF DEATH	
Female		Klamath Falls	
AGE—Last birthday (year)		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	
83		Merle West Med. Center	
Under 1 year		IF HOSP. OR INST. Indicate DOA, CPEmer, Rm., Inpatient (Specify)	
Under 1 day		Inpatient	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
Klamath Falls		Klamath	
STATE OF BIRTH (If not in U.S., name country)		CITIZEN OF WHAT COUNTRY	
Kansas		U.S.A.	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SPOUSE (IF MARRIED, WIDOWED)	
Widowed		Ross L. Putnam	
SOCIAL SECURITY NUMBER		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
540-20-0266		No	
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
Musician		Music Education & Entertainment	
RESIDENCE—STATE		STREET AND NUMBER OR R.F.D., ZIP	
Oregon		2748 Homedale Rd. 97601	
FATHER—NAME		MOTHER—Name	
Jessie Pearson		Nellie Breese	
INFORMANT—NAME and relationship to deceased		LOCATION—city or town state	
Ned S. Putnam, Son		Klamath Falls, Oregon	
BURIAL, CREMATION, REMOVAL, MIA (Specify)		CEMETERY OR CREMATORY—NAME	
Burial		Klamath Memorial Park	
FUNERAL SERVICE LICENSEE (If not Acting As Such)		NAME AND ADDRESS OF FACILITY	
O'Hair's Funeral Chapel		515 Pine, Klamath Falls, Ore. 97601	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)	
Robert Payne M.D.		1-15-81	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		HOUR OF DEATH	
Robert Payne M.D. Medical Dentl. Bld, Klamath Falls, Ore. 97601		2:55 P.	
NAME (If ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print))			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR	
JAN 15 1981		Blondie Francis	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
(a) <i>infection</i>		1 mo	
(b) <i>acute lymphocytic leukemia</i>		7 mo	
(c)			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a), (b), or (c)		AUTOPSY (Specify Yes or No)	
		No	
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		No	
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
STREET OR R.F.D. NO.		CITY OR TOWN	
STATE			



HS-2 Rev-1-80

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 RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the

2nd day of July A.D., 1981 at 1:39 o'clock P.M., and duly recorded in

Vol M81 of Deeds on page 12023

Fee \$ 3.50

EVELYN BIEHN
COUNTY CLERK
By *[Signature]* Deputy