

1728

CERTIFICATE OF DEATH

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Vital Records Unit

269

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IN PRINT
IN
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FOR
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SEE
HDS-100

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CONDITIONS
IF ANY
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IMMEDIATE
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DECEASED—NAME		First		Middle		Last		State File Number	
JOHN		L.		IREY				July 1, 1981	
1 RACE White, Black, American Indian, etc. (specify)		2 SEX		3 AGE—Last birthday (years)		4 Under 1 year		5 Under 1 day	
White		Male		61		5b mos		5c day	
6 CITY, TOWN OR LOCATION OF DEATH		7a Klamath Falls		7b Hospital or other institution—Name (If not a health care facility, give street and number)		7c If hosp. or inst., indicate DOA, OR/Emg., etc., inpatient (Specify)		8 DATE OF BIRTH (month, day, year)	
Idaho		U.S.A.		Married, never married, widowed, divorced (specify)		Married		April 2, 1920	
9 SOCIAL SECURITY NUMBER		10a Occupation (give kind of work done during most of working life, even if retired)		11b Kind of business or industry		12a Spouse (if married, widowed)		12b Was decedent ever in U.S. Armed Forces? (Specify Yes or No)	
535-14-2599		Maintenance		Lumber Mill		Josephine Irby		No	
13a RESIDENCE—STATE		13b COUNTY		13c CITY, TOWN, OR LOCATION		13d STREET AND NUMBER OR R.F.D., ZIP		13e Inside City Limits (specify yes or no)	
Oregon		Klamath		Klamath Falls		414 No. 6th Street		Yes	
14a FATHER—NAME		14b MOTHER—Maiden Name		14c Informant—Name and relationship to decedent		14d		14e	
James H. Irby		Anna Ruth Robin		Josephine M. Irby, wife					
15a Burial, cremation, removal, mausoleum (specify)		15b Cemetery or crematory—Name		15c Location		15d		15e	
Burial		Eternal Hills Memorial Gardens		Klamath Falls, Oregon 97601					
16a Funeral service licensee or person acting as such (Signature)		16b Name and address of facility		16c Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601					
17a Signature of certifier		17b Name and address of certifier (Type or Print)		17c Date signed (Mo., Day, Yr.)		17d Hour of death		17e	
Byron T. Sagunsky		Byron T. Sagunsky, MD, 2300 Clairmont Dr., Klamath Falls, Oregon 97601		7/6/81		4:12 P.M.			
18a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		18b REGISTRAR		18c		18d		18e	
JUL 6 1981		Wanda Francis							
19a IMMEDIATE CAUSE		19b		19c		19d		19e	
(a) Pulmonary Thrombosis		(b) Carcinoma of the lung		(c)					
20a ACCIDENT (Specify Yes or No)		20b DATE OF INJURY (Mo., Day, Yr.)		20c HOUR OF INJURY		20d DESCRIBE HOW INJURY OCCURRED		20e	
No									
21a INJURY AT WORK (Specify Yes or No)		21b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		21c LOCATION		21d STREET OR R.F.D. NO.		21e CITY OR TOWN	
No									
22a		22b		22c		22d		22e	
23a		23b		23c		23d		23e	
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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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Shirley Francis, Deputy Registrar

Date JUL 6 1981

VOID IF ALTERED

NOT VALID WITHOUT UNIFORM 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 7th day of JULY A.D., 1981 at 9:20 o'clock A.M., and duly recorded in

Vol M 81, of DEEDS on page 12132.

Fee \$ 3.50

EVELYN DIEHN
COUNTY CLERK

By Elizabeth Francis deputy