Mol. My Poss Di State Heju Di Division mint of Human Resources 12629 2029 CENTRE CENTRE Vital Records Unit State File Number TYP 273 DITE OF DEATH (month, day, year) IN FIUNT Nidda Lost RUTH DE LONGE ANANENT Local File Number July 4, 1981
 Initial
 Initial
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 AGE:
 Last bithday
 Under 1 year
 Under 1 day
 Dutte of Birth (month, day, year)

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 AGE:
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 December 12,

 HOSPITAL (R ONIER INSTITUTION - NAME
 IF HOSP OR NST. Indicate DOA, OPEmor, Rm. Inpatient [Specify]
 Country of DEATH

 Mospital (In onie thy, Give street and number)
 Country of Country of Death
 Klamati

 To West of Medical Call Center
 To Emer.
 Room
 To Klamati

 To West of Medical Call Center
 Sever MARIED
 EPOURE (IF MARRIED VIDOWFD)
 I was decedent
DECLASED NAME BLACK CAROLYNN INK. HINNER 1944 December 12, 10 FACE While, Black, Amorican Indian, etc. (specify) SFX TUCTIONS White Femal.e .ca:F NOBOOK Klamath CIT I, TOWN OR LOCATION OF DEATH WAS DECEDENT EVER IN U.S. ARMED FORCEST [Specify Yes or A NO CITIZEN OF WILLY COLDITRY MARRIED, NEVER MARRIED, SEVER MARRIED, SEVER MARRIED, SEVER MARRIED, VADOWED) SWORCED (SPECIF) 9 U.S.A. J. MARRIED, MCC (SPECIF) 10 Married 11 James Klamath Falls or NOT 12 STATE OF BIRTH (If not in U.S.A. DENT SECURITY NUMBER USUAL O COUNATION (give kind of work done during most 540 - 50 - 071 0 14a Homemaker NCE-STATE CONNTY IGND OF BUSINESS OR INDUSTRY California Homemaking ELECTION CEATH URRED IN UTUTION, HANDBOOK URPOING STOE ITEMS SOCIAL SECURITY NUMBER r 14b STREET AND NUMBER OR R.F.D., ZIP 97601 Inside City Limits (specify yes or no) Stracet Yes COUNTY CITY, TOWN, OR LEGATION STREET AND NUMBER OR R.F.D., ZIP 97601 Inside (speci-15b Klamath Klamath Falls 153 2263 Garden Street 156 RESIDENCE-STATE INFORMANT-NAME and relationship to deceased James De Longe - Husband KOTIER-Maiden Name first middle Oregon last Ruth E. Priem 18 FATHER-NAME first middle IB-ternal Hills Memorial Gardens 190 Klamath Falls, Oregon WINNE AND ADDREES CF FACILITY Carl Fodge BURIAL, CREMATION, REMOVAL, MAUS. (specify) 3 WARD'S - 1945 Main - Klamath Falls, Ore. - 97601 Burial FUNERAL SERVICEALICENSEE OFP The best of my knewledge feature occurred at y same, faite and place and due to the cause (a) stated (MMARD'S - 194). The best of my knewledge feature occurred at y same, faite and place and due to the cause (a) stated (MMARD'S 2 - (Construction)). The best of my knewledge feature occurred at y same, faite and place and the cause (b) stated (MMARD'S 2 - (Construction)). The best of my knewledge feature occurred at y same, faite and place and the cause (b) stated (MMARD'S 2 - (Construction)). The best of my knewledge feature occurred at y same, faite and place and the cause (b) stated (MMARD'S 2 - (Construction)). The best of my knewledge feature occurred at y same, faite and the cause (b) stated (MMARD'S 2 - (Construction)). The best of my knewledge feature occurred at y same, faite and the cause (b) stated (MMARD'S 2 - (Construction)). The best of my knewledge feature occurred at y same, faite and the cause (b) stated (MMARD'S 2 - (Construction)). The best of my knewledge feature occurred at y same, faite and the cause (b) stated (MMARD'S 2 - (Construction)). The best of my knewledge feature occurred at y same, faite and the cause (b) stated (MMARD'S 2 - (Construction)). The best of my knewledge feature occurred at y same, faite and the cause (b) stated (MMARD'S 2 - (Construction)). The best of my knewledge feature occurred at y same, faite and the cause (b) stated (MMARD'S 2 - (Construction)). The best of my knewledge feature occurred at y same, faite and the cause (b) stated (MMARD'S 2 - (Construction)). The best of my knewledge feature occurred at y same, faite and the cause (b) state (b) sta SITION AMIN N 716181 30 1 210 , Thomas E. Klump, MD / 2600 Clover / Klamath Falls, Dregon / 97601 2 THER ANN P NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **F**15 E. REGISTRAR 21e DATE RECEIVED BY REGISTRAR [MD. Day. Yr.] I PONDITIONS 226 [Signature] Mar a cher Interval between onset and death IIL JUL 7 1981 EN ER CHLY ONE CAUSE PER LIVE FOR (a) (0). AND (c)) ICH GAVE MINUTES (a) Kespiratory FAILURE RIS MEDIATE 23 IMMEDIATE CAUSE Interval between onset and death CAUSE INTERVAL Detween onset and death MART (a) ATENG THE (D) BRAINSTEM ASTROCY DMA SUE TO, OR AS A CONSEQUENCE OF: USE LAST WAS MEDICAL EXAMINER NOTIFIED PART OTHER SIGNIFICANT CONDITIONS—Conditio is contributing to death but not related to cause given in PART I (a) AUTOPSY [Specify Yes No 25 74 DESCRIBE HOW INJURY OCCURFIED ACCIDENT [Specify Yes or No] DATE OF INJURY [A b. Cay Y;] | HOUR OF INJURY STATE CITY OR TOWN <u>6 (2011)</u> 26d STREET OR R.F.D. NO. 260 LOCATION No PLACE OF INJURY- / I honik, farm, street, factory. office building, etc. [\$ xsc/}] INJURY AT WORK 260 261 26e RESERVED FOR REGISTRAR'S USE HS-2 (Rev. 1/80) STATE OF OREGON 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. County; of <u>Mlamath</u> • MARIAN ACKERMAN, Registrar Vital Statistics 300 -0 113 Deputy Registrar (šeal) 1991 Mana Date N.C.: Attice des 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 14th day of July A.D., 1981at 2:29 o'clock P M., and duly recorded in **EVELYN BIEHN** Vol_MB1_of____on page_12629_. COUNTY OL TRK litoch Deputy J Fee \$ 3.50