f Oregon
ON STATE HEALTH DIVISION
tment of Human Resources

CERTIFICATE OF DEATH

Vol M81 Page 21280

Vital Records Unit

7354 466
Local File Number

State File Number

DECEASED—NAME: First: Woodrow; Middle: Wilson; Last: Hall

DATE OF DEATH (month, day, year): December 10, 1981

RACE (White, Black, American Indian, etc.) (Specify): White

SEX: Male

AGE—Last Birthday (years): 69

Under 1 year: months / days; Under 1 day: hours / min

DATE OF BIRTH (month, day, year): August 6, 1912

CITY, TOWN OR LOCATION OF DEATH: Midland

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): -

IF HOSP OR INST: Indicate DOA, OP/Emer. Rm., In-patient (Specify)

COUNTY OF DEATH: Klamath

STATE OF BIRTH (If born in U.S.A., name city): Minnesota

CITIZEN OF WHAT COUNTRY: U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

SPOUSE (IF MARRIED, WIDOWED): Ella Ailene Hall

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes

SOCIAL SECURITY NUMBER: 542-05-4013

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

KIND OF BUSINESS OR INDUSTRY: Heavy Equipment

RESIDENCE—STATE: Oregon

COUNTY: Klamath

CITY, TOWN, OR LOCATION: Midland

STREET AND NUMBER OR R.F.D., ZIP: P.O. Box 238 97634

Inside City Limits (specify yes or no): Yes

FATHER—NAME first middle last: L.B. Hall

MOTHER—Maiden Name first middle last: -

INFORMANT—NAME and relationship to deceased: Ella Ailene Hall, Wife

BURIAL, CREMATION, REMOVAL, MAUSOLEUM (Specify): Cremation

CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory

LOCATION city or town state: Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): [signature]

NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine, Klamath Falls, Ore.

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.): December 11, 1981

HOUR OF DEATH: 8:00 A. M

21a (Signature) [signature]

NAME AND ADDRESS OF CERTIFIER (Type or Print): Blake Berven M.D., 2616 Clover St., Klamath Falls, Oregon 97601

To be Completed by CERTIFYING PHYSICIAN

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.): DEC 11 1981

REGISTRAR: [signature] Claudia Francis

PART I

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

(a) Acute Respiratory Insufficiency — Interval between onset and death: Hours

DUE TO, OR AS A CONSEQUENCE OF:

(b) H.S.V.D. — Interval between onset and death: Several Years

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I(a)

AUTOPSY (Specify Yes or No): No

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

ACCIDENT (Specify Yes or No)

DATE OF INJURY (Mo. Day, Yr.)

HOUR OF INJURY

DESCRIBE HOW INJURY OCCURRED

INJURY AT WORK (Specify Yes or No)

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

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

(SEAL)

By [signature], Deputy Registrar

Date DEC 11 1981

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 11 day of December A.D., 1981 at 4:14 o'clock P M., and duly recorded in Vol M 81 of Deeds on page 21280.

Fee $4.00

EVELYN BIEHN
COUNTY CLERK

By [signature] Deputy