of Oregon
SON STATE HEALTH DIVISION
rtment of Human Resources

CERTIFICATE OF DEATH

Vol. M82 Page 10609

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK

14614 297
Local File Number

State File Number

DECEASED—NAME: 1 First: Anna; Middle: Esther; Last: Williams

DATE OF DEATH (month, day, year): 2 August 5, 1982

RACE White, Black, American Indian, etc. (specify): 3 White

SEX: 4 Female

AGE—Last birthday (years): 5a 88

Under 1 year: 5b mos. / days

Under 1 day: 5c hours / min.

DATE OF BIRTH (month, day, year): 6 May 22, 1894

CITY, TOWN OR LOCATION OF DEATH: 7a Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 7b 1764 Shawna Ct.

IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: 7c -

COUNTY OF DEATH: 7d Klamath

STATE OF BIRTH (If not in U.S.A., name country): 8 Illinois

CITIZEN OF WHAT COUNTRY: 9 U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married

SPOUSE (IF MARRIED, WIDOWED): 11 A.N. Williams

WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: 12 No

SOCIAL SECURITY NUMBER: 13 566-24-6893

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 14a Homemaker

KIND OF BUSINESS OR INDUSTRY: 14b -

RESIDENCE—STATE: 15a Oregon

COUNTY: 15b Klamath

CITY, TOWN, OR LOCATION: 15c Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP: 15d 1764 Shawna Ct. 97601

Inside City Limits (specify yes or no): 15e No

FATHER—NAME first middle last: 16 Nicholas Lorenz

MOTHER—Maiden Name first middle last: 17 Mary N. Tobin

INFORMANT—NAME and relationship to deceased: 18 A.N. Williams, Husband

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 19a Burial

CEMETERY OR CREMATORY—NAME: 19b Eternal Hills Memorial Gardens

LOCATION city or town state: 19c Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE OR Person Acting As Such [Signature]: 20a [signature]

NAME AND ADDRESS OF FACILITY: 20b O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: Everett E. Howard

NAME AND ADDRESS OF CERTIFIER [Type or Print]: 21d Everett E. Howard M.D., 2622 Campus Dr., Klamath Falls, Oregon 97601

DATE SIGNED [Mo., Day, Yr.]: 21b 8-6-82

HOUR OF DEATH: 21c 5:00 A. M

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: 21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: 22a AUG 11 1982

REGISTRAR: 22b [Signature] Claudia Kennedy

23 IMMEDIATE CAUSE

PART I (a) MYOCARDIAL INFARCTION [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

DUE TO, OR AS A CONSEQUENCE OF:

(b) TOXIC SPEECH

Interval between onset and death: hours

DUE TO, OR AS A CONSEQUENCE OF:

(c)

Interval between onset and death: years

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

Interval between onset and death

ACCIDENT [Specify Yes or No]	DATE OF INJURY [Mo., Day, Yr.]	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY [Specify Yes or No]	WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]
26a No	26b	26c M	26d	24 No	25 Yes

INJURY AT WORK [Specify Yes or No]: 26e No

PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]: 26f

LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE: 26g

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Kennedy

Date AUG 12 1982, Deputy Registrar

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 16 day of August A.D., 1982 at 10:34 o'clock A M and duly recorded in Vol M 82 of Deeds on page 10609

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK

by Joyce McDevitt Deputy