

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

19152  
279

Vital Records Unit

State File Number

DECEASED—NAME First Middle Last WILLIAM JESS GEORGE		DATE OF DEATH (month, day, year) 2 July 24, 1982	
1 RACE (White, Black, American Indian, etc. (specify)) White	4 SEX Male	5a AGE—Last birthday (years) 79	5b Under 1 year Under 1 day Under 1 day Under 1 day
3 CITY, TOWN OR LOCATION OF DEATH Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center	7c IF HCSP OR INST. Indicate DOA, OP, Emor., Am. Inpatient (Specify) Inpatient	6 DATE OF BIRTH (month, day, year) December 5, 1902
7a STATE OF BIRTH (If not in U.S.A., name country) Washington	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11 SPOUSE (If MARRIED WIDOWED) Velma May
8 SOCIAL SECURITY NUMBER 711-05-1872	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Boilermaker - Retired	14b KIND OF BUSINESS OR INDUSTRY Southern Pac. Railroad	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) No
13 RESIDENCE—STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP 4047 Douglas 97601
15a FATHER—NAME first middle last Morris Oswald George	15b MOTHER—Maiden Name first middle last Alta Darr	16 INFORMANT—NAME and relationship to deceased Velma M. George - Wife	
18 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	19b CEMETERY OR CREMATORY—NAME Klamath Memorial Park	19c LOCATION city or town state Klamath Falls, Oregon	
20a FUNDING SERVICE LICENSEE Or Person Acting As Such Jim Lancaster			
20b NAME AND ADDRESS OF FACILITY Ward's - 1945 Main St. - Klamath Falls, Ore.			
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature) F. Geoffrey Marx		21b DATE SIGNED (Mo., Day, Yr.) JUL 30 1982	21c HOUR OF DEATH 1:38 A. M.
21d F. Geoffrey Marx, M.D. 2614 Clover Klamath Falls, Oregon 97601			
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUL 30 1982		22b REGISTRAR (Signature) Blaind Francis	
23 IMMEDIATE CAUSE (a) Carcinoma of Esophagus		Interval between onset and death 6 mo	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		24 AUTOPSY (Specify Yes or No) No	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No
26a ACCIDENT (Specify Yes or No) No	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or No) No	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26g LOCATION	26h STREET OR R.F.D. NO. CITY OR TOWN STATE

DECEDENT

IF DEATH  
CURRED IN  
STITUTIONAL  
HANDBOOK  
BOARDING  
QUESTIONS  
OF DECEASED

POSITION

CERTIFIER

CONDITIONS  
IF ANY  
HIGH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
AFFECTING THE  
UNDERLYING  
CAUSE LAST

USE OF  
DEATH

83 JAN 7 AM 11 42

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 (Signature) Deputy Registrar

Date JUL 30 1982

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

7 day of Jan A.D., 1983 at 11:42 o'clock A M., and duly recorded in

Vol M83, of Deeds on page 371.

Fee \$ 4.00

EVELYN DIENH

COUNTY CLERK

By (Signature) deputy