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Vital Records Unit

Vol. M83 Page 3008

Local File Number

State File Number

EDENT

DEATH
TURNED IN
ATTENTION
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GARDING
RETURN OF
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OSITION

1. _____
2. _____
3. _____
CERTIFIER

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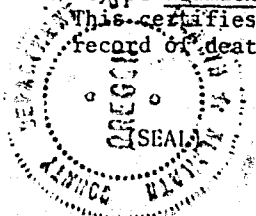
DECEASED—NAME First Middle Last Florence Mae Robinson		DATE OF DEATH (month, day, year) 2 February 22, 1983	
RACE White, Black, American Indian, etc. (specify) White		SEX Female	AGE—Last birthday (years) 85
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		DATE OF BIRTH (month, day, year) April 4, 1897	
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7a Mt. View Care Center		IF HOSP. OR INST. Indicate DOA, OP, Emer., Am., Inpatient (Specify) 7c Inpatient	
STATE OF BIRTH (If not in U.S.A., name country) 8 Iowa		CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Widowed
SOCIAL SECURITY NUMBER 13 481-10-8448		SPOUSE (If married, widowed) 11 Harland Robinson	
RESIDENCE—STATE 15a Oregon		KIND OF BUSINESS OR INDUSTRY 14b Secretarial (Meat Cutting)	
COUNTY 15b Klamath		STREET AND NUMBER OR R.F.D., ZIP 15c Klamath Falls, 2143 Bichn St., 97601	
FATHER—NAME first middle last 15 Henry Broadbent		MOTHER—Maiden Name first middle last 17 Cora Mae Moore	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Klamath Memorial Park	
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, OR	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a [Signature] R. Rand Hale, M.D.		DATE SIGNED (Mo., Day, Yr.) 21b 2/23/83	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d R. Rand Hale, M.D., 2584 Campus Dr., Klamath Falls, Oregon 97601		HOUR OF DEATH 21c 11:45 P. M.	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a FEB 23 1983		REGISTRAR 22b [Signature] M. Ackerman	
PART I IMMEDIATE CAUSE (a) Respiratory Failure		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (b) Multiple myeloma		Interval between onset and death	
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) 24 No	
ACCIDENT (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
INJURY AT WORK (Specify Yes or No)		DESCRIBE HOW INJURY OCCURRED	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION	
STREET OR R.F.D. NO		CITY OR TOWN	
STATE		26g	

RESERVED FOR REGISTRAR'S USE

Joyce Maxwell
4410 Highway 39
K. Falls, OR Phone 882-5891

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 Marian Ackerman, Deputy Registrar
Date FEB 23 1983

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 28 day of February A.D., 1983 at 11:34 o'clock A M, and duly recorded in Vol M83, of Deeds on page 3008.

EVELYN BIGHN COUNTY CLERK

by Joyce Maxwell Deputy

Fee \$ 4.00

203 FEB 29 AM 11 34