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 INSTRUCTIONS  
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 BOOK

78

Vital Records Unit

Local File Number		State File Number	
1 DECEASED—NAME First Middle Last Warren G. Weatherholt		2 DATE OF DEATH (month, day, year) March 6, 1983	
3 RACE White, Black, American Indian, etc. (specify) White	4 SEX Male	5a AGE—Last birthday (years) 80	5b Under 1 year Under 1 day Under 1 hour Under 1 min
6 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Klamath Co. Nursing Home	
7b STATE OF BIRTH (If not in U.S.A., name country) Nebraska		7c COUNTY OF DEATH Klamath	
8 SOCIAL SECURITY NUMBER 543-05-4795		9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
10 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Molder Feeder		11 SPOUSE (IF MARRIED, WIDOWED) Bertha Weatherholt	
12 RESIDENCE—STATE Oregon		13 KIND OF BUSINESS OR INDUSTRY Lumber	
14a COUNTY Klamath	14b CITY, TOWN, OR LOCATION Klamath Falls	14c STREET AND NUMBER OR R.F.D., ZIP 420 Walnut St. 97601	
15a FATHER—NAME first middle last George Weatherholt	15b MOTHER—Maiden Name first middle last Nettie Effie Huglin	15c INFORMANT—NAME and relationship to deceased Bertha Weatherholt, Wife	
16 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		17 CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
18 FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) M. J. O'Hair		19 NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O	
20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 20b (Signature) Steven K. Bidleman		21 DATE SIGNED (Mo., Day, Yr.) 3-7-83	
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) Steven K. Bidleman, M.D., 2680 Uhrmann Rd., Klamath Falls, Oregon 97601		21b HOUR OF DEATH 1:25 P. M	
21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAR 7 1983		22b REGISTRAR (Signature) Marian Ackerman	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I (a) Respiratory Arrest		Interval between onset and death Immediate	
(b) Amyotrophic Lateral Sclerosis		Interval between onset and death Several months	
(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)			
24 ACCIDENT (Specify Yes or No) No	25 DATE OF INJURY (Mo., Day, Yr.) No	26 HOUR OF INJURY No	27 AUTOPSY (Specify Yes or No) No
28 INJURY AT WORK (Specify Yes or No) No	29 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No	30 LOCATION No	31 STREET OR R.F.D. NO No
32 CITY OR TOWN No	33 STATE No	34 RESERVED FOR REGISTRAR'S USE	

HS-2 (Rev. 1/00)

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 MAR 7 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

14th day of March A.D., 1983 at 10:40 o'clock A M., and duly recorded in

Vol M83 of Deeds on page 3807.

Fee \$ 4.00

EVELYN BIEHN  
 COUNTY CLERK

By Bertha Weatherholt deputy