WARREN JEFFERSON WELLS Mac white, Black, American Indian, SEX AGE—Last principally Under 1 year Under 1 day DATE OF BIRTH (monil, day, year) December 22, 15	r 84	¬ Vital	Records U	30%		~	Pila Noveles
MAGE While, Black, American Indian, SEX Male Male Male Male Male Male Male Male	DECEASED NAME Fin	· · · · · · · · · · · · · · · · · · ·				DATE OF DEAT	TH (month, day, year)
THE CONTROL OF DEATH INTERIOR OF BIRTH (II not in US A. INTERIOR OF BIRT (II not In US A. INTERIOR OF BIRTH (II not IN US A. INTERIOR	1				Linder 1 day	2	
THY TOWN ON LOCATION OF DEATH (in Klamath Falls Town State Town S	etc. (specify) White	Male (year	s)68		hours min	e Dece	mber 22, 19
STATE AND ADDRESS OF CERTIFIER (Type or Annot Due to to no Add Address of Certain (American Due to no Address of Certain Due to no Address of Certain (American Due to no Address of Certain Due to no Address of Certain (American Due to no Address of Certain Due to no Address of Certain (American Due to no Address of Certain Due to no Address of Certain (American Due to no Address of Certain Due to no Address of Certain (American Due to no Addre	CITY, TOWN OR LOCATION OF DEATH				INST. Indicate DOA. p., Inpatient Specify		
ARKAINSAS 9 U.S.A. 0 Married 11 Nina Wells 12 DOCIAL BECURITY NUMBER OF STRUCK PART OF CONTY OF COUNTY 14 RAICH Hand 14 Hand	STATE OF BIRTH (If not in U.S.A.,	CITIZEN OF WHAT COUNTRY	MARRIED, NEV	ER MARRIED,	POUSE (IF MARRIET		WAS DECEDENT EVER I
OPEGON 150 CONTROL	3	9	10 Marr	ied			
Second S	13 429-14-6837	of working tite, even if re	Hand	-			
MOTHER—NAME first middle last MOTHER—Maiden Name first middle last Nina Wells—Wife Wife William Wells 1,7 Fannie E. Bailey 1,8 Nina Wells—Wife Builty 1,8 Nina Wells 1,8	Oracon		•	*			(specify yes or no
CEMETERY OR CREMATORY—NUME LOCATION city or flown state MANUS. Specify) 190. Malin Cemetery 190. Malin Cemetery 190. Klamath Falls, Orego 190. Klamath Falls, Orego 190. Klamath Falls, Orego 190. Manus And Address of Person Acting As Such 190. Manus And Address of Person Acting As Such 190. Ward s — 1945 190. Ward	FATHER—NAME first middle	last MOTHER-Ma	den Name first	middle la	ist INFORMANT-	-NAME and relati	ionship to deceased
PINERAL SERVICE LICENSEE OF PISSON ACTING AS Such NAME AND ADDRESS OF FACILITY 190	BURIAL, CREMATION, C			ailey	110		
Signature Some Dest of my knowledge, destin occurred at the time, date and place and the time, date and place and the to the cause(s) stated Some Dest of my knowledge, destin occurred at the time, date and place and the to the cause(s) stated Some Destinant Some Dest	$_{19a}$ Burial $ _{19}$	₉₆ Malin Cemet	ery		_{19c} Kla	math Fa	alls, Oregon
To the best of my knowledge, depth occurred at the time, date and place and due to the cause(s) stated when the cause(s) stated are to the cause(s) stated and place and due to the cause(s) stated are to the cau	[Signature] / /				St K	lamath	Falls. Ored
DATE RECEIVED BY REGISTRAR [AD. Day. 17] REGISTRAR 220 MAR 1 5 1983 220 [Signature] * [Final Formal Formal Determined on the Interval Detween ones Inte	To the heat of my knowledge, do	ath occurred at the time, date and	t place and	DATE SIG	NED [Mo., Day, Yr.]		HOUR OF DEATH
DATE RECEIVED BY REGISTRAR [AD. Day. 17] REGISTRAR 220 MAR 1 5 1983 220 [Signature] * [Final Formal Formal Determined on the Interval Detween ones Inte	20 21a [Signature] NAME AND ADDRESS OF CERT	/-/	· age	21b 3	-11-5-		21c 2:35 P
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e [DATE RECEIVED BY REGISTRAR [A.D. Day, Yr.] 22a [MAR 1 5 1983] 22b [Signature] & Flowing Form 23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR [a]. [b]. AND [c]] [Interval between onse interval between	Š ^{gδ} w Kenneth K.		905 Ma	in St./S	uite 409	Klar	math Falls,
DATE RECEIVED BY REGISTRAR [Ab. Day, Yr.] DATE RECEIVED BY REGISTRAR [Ab. Day, Yr.] 22a MAR 1 5 1983 22b [Signature] & Claudin Law 22a IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR [a], [o], AND [c]] PART (a) DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (c) DITEMPTION OF LAW CONDITIONS—Conditions codd/ibuting to death but not related to cause given in PART I (a) ACCIDENT [Spacify Yes or Ab] ACCIDENT [Spacify Yes or Ab] DATE OF INJURY—At home, farm, street, factory, 126c 100	LANGE OF ATTENDING DUVEIC			/ -			
MAR 1 5 1983 226 [Signalure] & Claudia fraction Interval between onse	21e	Day, Yc) REGIST	RAR		W		
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(b) Most Carbal Herrorhogy (b) Due to, or as a consequence of: (c) Arry Most Carbal Localer System (interval between onset of the significant conditions conditions conditions conditions to death but not related to cause given in PART I (a) Autopsy (specify Yes or AD) (Specify Yes or AD) (Specify Yes or AD) (Specify Yes or AD) (ACCIDENT (Specify Yes or AD) (AD) (AD), Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED 26a NO 26b (Specify Yes or AD) (Specify Yes or		of on an	21		· · · · · · · · · · · · · · · · · · ·		Interval between onset
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Specify Yes or Nb office building, etc. Specify 269 269	INJURY AT WORK PLACE	OF INJURY-At home, farm, street			STREET OR R.F.	D. NO. CI	ITY OR TOWN STATE
RESERVED FOR REGISTRAR'S USE	(Specify Yes or No) office bu	ilding, etc. [Specify]		26g			
	RESERVED FOR REGISTRAR'S USE						
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STATE OF OREGON County of Klamath							
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STATE OF OREGON County of Klamath This certifies that the foregoing is a correct and complete transcript of record of death on file with the Klamath County Department of Health Servi			MARIAN AC	KERMAN, Re	gistrar V	ital Sta	tistics
STATE OF OREGON County of <u>Klamath</u> This certifies that the foregoing is a correct and complete transcript of	(ŠEAL)		By Qu.	ali Eum	ر.	, Denut	y Registrar
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STATE OF OREGON County of Klamath This certifies that the foregoing is a correct and complete transcript of record of death on file with the Klamath County Department of Health Servi MARIAN ACKERMAN, Registrar Vital Statistics By Gundantum , Deputy Registrar Date MAR 16 1983 VOID IF ALTERED NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES TATE OF OREGON: COUNTY OF KLAMATH :ss Thereby certify that the within instrument was received and filed for ecord on the 4 day of April A.D., 1983 at 8:35 o'clock A				/	Z.		