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Vital Records Unit

Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF THESE ITEMS

1. DECEASED—NAME: First: ALLEN; Middle: L.; Last: PURDY
2. DATE OF DEATH (month, day, year): April 24, 1983
3. RACE (White, Black, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 60
5b. Under 1 year: mos / days
5c. Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): June 20, 1922
7a. 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 HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Emer Rm
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A., name country): Canada
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Nelva L. Cronin
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 564-48-2678
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Foreman of Service
14b. KIND OF BUSINESS OR INDUSTRY: C. P. National
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 5215 South Etna Street 97601
15e. Inside City Limits (specify yes or no): No
16. FATHER—NAME first middle last: Walter Samuel Purdy
17. MOTHER—Maiden Name first middle last: Mary Olive MacIntosh
18. INFORMANT—NAME and relationship to deceased: Nelva L. Purdy, wife
19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory
19c. LOCATION city or town state: Klamath Falls, Oregon 97601
20a. FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: William F. Davenport
20b. NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

POSITION

CERTIFIER

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]: Blake D. Berven
21b. DATE SIGNED [Mo., Day, Yr.]: April 26, 1983
21c. HOUR OF DEATH: 8:10 P. M
21d. NAME AND ADDRESS OF CERTIFIER [Type or Print]: Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: Alden Glidden, MD, Emer Rm, West Medical Center, 2865 Daggett, Klamath Falls, Oregon

22a. DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: APR 27 1983
22b. REGISTRAR [Signature]: Cynthia Francis

CONDITIONS IF any WHICH GAVE RISE TO IMMEDIATE CAUSE STING THE DERLYING USE LAST

USE OF EATH

23. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

PART I
(a) Acute anterior myocardial infarction — Interval between onset and death: 5 min.
DUE TO, OR AS A CONSEQUENCE OF:
(b) Extensive coronary atherosclerosis — Interval between onset and death: unknown
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)

24. AUTOPSY [Specify Yes or No]: Yes
25. WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: Yes

26a. ACCIDENT [Specify Yes or No]: No
26b. DATE OF INJURY [Mo., Day, Yr.]:
26c. HOUR OF INJUR. M:
26d. DESCRIBE HOW INJURY OCCURRED:
INJURY AT WORK [Specify Yes or No]: No
26e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]:
26f. LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE:

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 Cynthia Francis, Deputy Registrar
Date APR 27 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 April A.D., 19 83 at 2:29 o'clock p M and duly recorded in Vol M83, of Deeds on page 6545

FEE $4.00

EVELYN BIEHN COUNTY CLERK
by Lucy Klaus Deputy