

DECEASED—NAME FIRST MIDDLE LAST  
**Kenneth Dean Wandell**

RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) **White** SEX **Male** AGE—LAST BIRTHDAY (YEAR) **49** UNDER 1 YEAR MOSE. DAYS UNDER 1 DAY HOURS MIN. DATE OF DEATH (MONTH, DAY, YEAR) **June 26, 1983**

CITY, TOWN, OR LOCATION OF DEATH **Gerber Reservoir** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) **Barnes Valley Creek, 1 Mi. E. Gerber Reservoir** DATE OF BIRTH (MONTH, DAY, YEAR) **April 14, 1934**

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) **Oregon** CITIZEN OF WHAT COUNTRY **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** COUNTY OF DEATH **Klamath**

SOCIAL SECURITY NUMBER **543-36-1180** USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) **Switchman** SPOUSE (IF MARRIED, WIDOWED) **Elizabeth A. Wandell** WAS DECEDENT EVER IN U.S. ARMED FORCES OR NO? (SPECIFY YES OR NO) **Yes**

RESIDENCE—STATE **Oregon** COUNTY **Klamath** CITY, TOWN, OR LOCATION **Klamath Falls** STREET AND NUMBER OR R.F.D. **2815 Wantland St.** INSIDE CITY LIMITS (SPECIFY YES OR NO) **Yes**

FATHER—NAME FIRST MIDDLE LAST **Dean Thomas Wandell** MOTHER—MAIDEN NAME FIRST MIDDLE LAST **Frances Elsie Warren** INFORMANT—NAME AND RELATIONSHIP TO DECEASED **Elizabeth Anne Wandell, Wife**

BURIAL: CREMATION, REMOVAL, MAUSOLEUM, ETC. (SPECIFY) **Cremation** CEMETERY OR CREMATORY—NAME **Klamath Cremation Service** LOCATION—CITY OR TOWN **Klamath Falls, Oregon** STATE **Oregon**

FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—NAME AND ADDRESS OF FACILITY **O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.**

CERTIFICATION—MEDICAL EXAMINER  
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:  
11A **11:00 A.** M. 11B **June 27, 1983** 9:34 A. M. 11C **George R. Nicholson M.D.**

CERTIFIER—SIGNATURE **George R. Nicholson** DEGREE OR TITLE **M.D.**

MEDICAL EXAMINER—CITY **Klamath** COUNTY **Klamath** DATE SIGNED (MONTH, DAY, YEAR) **JUL 6 1983**

DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) **JUL 6 1983** REGISTRAR—SIGNATURE **Handwritten Signature**

PART I—IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)  
(A) **Drowning** INTERVAL BETWEEN ONSET AND DEATH **Minutes**  
(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)  
DATE OF INJURY (MONTH, DAY, YEAR) **June 26, 1983** HOUR **11:00 A.** HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) **Drowning by accident** AUTOPSY (SPECIFY YES OR NO) **No**

INJ. AT WORK? (SPECIFY YES OR NO) **No** PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) **Gerber Reservoir** LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) **Barnes Valley Creek, 1 Mi. E. Gerber Res., Klamath Co. Oregon**

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

HS-107 REV. 1-66

STATE OF OREGON  
County of KlamathThis 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 Handwritten Signature, Deputy RegistrarDate JUL 6 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 7th day of July A.D., 1983 at 1:31 o'clock P M, and duly recorded in Vol M 83, of 2 deeds on page 10751Fee \$ 4.00

EVELYN BIEHN COUNTY CLERK

by Handwritten Signature Deputy