

State File Number  
**April 21, 1983**

DATE OF DEATH (month, day, year)  
**February 9, 1900**

DATE OF BIRTH (month, day, year)  
**Klamath**

CITY OF DEATH  
**Klamath**

STATE OF BIRTH (if not in U.S.A., give country)  
**Oregon**

CITY OF BIRTH (if not in U.S.A., give country)  
**U.S.A.**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)  
**Widowed**

SPOUSE (if married, widowed)  
**Frank Summers**

WAS DECEASED EVER IN U.S.A. ARMED FORCES? (Specify Yes or No)  
**No**

SOCIAL SECURITY NUMBER  
**540 - 68 - 1662**

USUAL OCCUPATION (give kind of work done during most of working life, even if retired)  
**Housewife**

INDUSTRY OF BUSINESS OR INDUSTRY  
**Homemaking**

RESIDENCE - STATE  
**Oregon**

COUNTY  
**Klamath**

CITY, TOWN, OR LOCATION  
**Chiloquin**

STREET AND NUMBER OR R.F.D., ZIP  
**PO Box 363 97624**

FATHER - NAME first middle last  
**Samuel Walker**

MOTHER - Maiden Name first middle last  
**Eliza Wilson**

REPORTANT - NAME and relationship to deceased  
**Corrine Reed / Gr. Daughter**

LOCATION city or town state  
**Near Chiloquin, Oregon**

10a Burial  
**Wilson Cemetery**

10b Cemetery or Crematory - NAME  
**Wilson Cemetery**

10c General Services License or Person Acting As Such (Signature)  
**Jim Lancaster**

NAME AND ADDRESS OF FACILITY  
**WARD'S - 1945 Main - Klamath Falls, Oregon**

DATE SIGNED (Mo., Day, Yr.)  
**4/22/83**

HOUR OF DEATH  
**2:15 P.M.**

NAME AND ADDRESS OF CERTIFIER (Type or Print)  
**Mellicent Whinston, MD / PO Box 466 / Chiloquin, Oregon / 97624**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  
**APR 29 1983**

REGISTRAR  
**Marian Ackerman**

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

PART I  
 (a) **Cardiac arrest**  
 DUE TO, OR AS A CONSEQUENCE OF:  
 (b) **Congestive heart failure**  
 DUE TO, OR AS A CONSEQUENCE OF:  
 (c)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

ACCIDENT (Specify Yes or No)  
**No**

DATE OF INJURY (Mo., Day, Yr.)  
**26b**

HOUR OF INJURY  
**26c**

DESCRIBE HOW INJURY OCCURRED  
**26d**

INJURY AT WORK (Specify Yes or No)  
**26e**

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)  
**26f**

LOCATION  
**26g**

STREET OR R.F.D. NO  
**26h**

CITY OR TOWN  
**26i**

STATE  
**26j**

RESERVED FOR REGISTRAR'S USE

AFTER RECORDING, RETURN TO: D. L. HOOTS, 2261 S. 6th St., Klamath Falls, OR

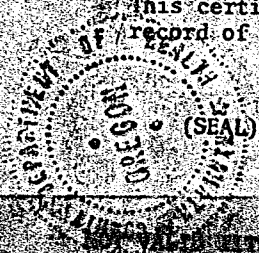
STATE OF OREGON  
 County of Klamath

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 Charles H. Hoots, Deputy Registrar  
 Date MAY 3 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 16 day of Aug A.D., 19 83 at 2:56 o'clock P M, and duly recorded in Vol M83, of DEEDS on page 13758

EVELYN BIEHN COUNTY CLERK

by Lucas Hoots Deputy

Fee \$ 4.00

Good '83 AUG 16 PM 2 56