3	luman Resources		CERTIF	ICATE OF DEA	TH	
NT ENT	Γ 4.	74	Vit	al Records Unit	Vol. 1984	Page - 6477
r	DECEASED NAME	al File Number First	Midale	Last	Si	ate File Number
NS	RACE White, Black, Ame	GERALD	(NMI)	MAYBERRY		DEATH FORTH day, year) demicer 23, 1983
	3 White	Ma	AGE—Last bir (years)	tnday Under t year mos days	Under I day DATE OF	BIRTH (month, day, year)
	CITY, TOWN OH LOCAT	ION OF DEATH HO	SPITAL OR OTHER INSTITUTIO			rember 1, 1929
3	76 Klamath Fa	70	Mese Medical Ce	nter /c Inpa	tient , Kin	ruth
3	a Oregon	11 8	WIDO		OUSE (IF MAPRIED, WIDOWED	WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Festivial
	SOCIAL SECURITY NUM	BER U	SUAL OCCUPATION (give kind of working) life, even if refired)	arried 11	Gladys KIND OF BUSINESS OR IN	
	13 535-24-286	COUNTY 14	Project Enign	eer	In Winoma Nat	
	15a Oregon	156 Klama			North oth Str	
Ĺ	16 Pratt -	st middle last	MOTHER—Maiden Name	first middle last	INFORMANT—NAME and re	eet 15e Yes
/	BURIAL, CREMATION, REMOVAL, MAUS. (specif	Mayberry CEMETERY	17 Florence	- Banks	18 Gladys Mayb	
				atorv	LOCATION City or town	ctala
\	(Signatura)	NSEE Or Person Acting As	Such NAME AND ADDRESS	OF FACILITY Day arms	ort's Chapel of	the Good Shepherd,
2		koowledge denth /t	at the time, date and place and	ith Sixth Street	, Klamath Falls	the Good Shepherd, 6, Oregon 97603-71 HOUR OF DEATH
	9 75 21 1 1 Cooper and A	ESS OF CERTIFIER LTYPE	10001	2th Diame	mber 26, 1983	1
,	§§° 21d Blake	D. Berven, M	ID. 2616 Clares	W1. 11 Trans	milet 20, 1963	21c 4:50 P. M
	NAME OF ATTEND	DING PHYSICIAN IF OTHER	R THAN CERTIFIER L'AND OF AN	Alamath Falls,	Oregon 97601	
`	DATE RECEIVED BY REG					
į	22a DEC 2	7 1983	REGISTHAR	//	0	
/	23 IMMEDIATE CAUSE ART (8)		VIER ONLY ONE CAUSE PER LIN	E FOR[a]. [D]. AND [c]]	Growth	
•	DUE TO, OR AS A COM	USEQUENCE OF	100 10 11	dial 18115	114.11	Interval between onset and death
	(b) 2	ナルット・	170/6, 10013	/		Interval between onset and death
	DUE TO, OR AS A CON	ISEQUENCE OF	1777 1776	1111/11/	1.12	1/1/20195
24	(C) ART OTHER SIGNIFICAN	I CONDITIONS Condition		lated to cause given in PARLL(a)		Interval between onset and death
					Or Ab]	WAS MEDICAL EXAMINER NOTIFIED
		DATE OF INJURY [A4:	P. Cay: Yr.] HOUR OF INJURY	DESCRIBE HOW INJUR	24 Yes	25 NO
17	Ge INU WURY AT WORK Specify Yes or Ab!	PLACE OF INJURY—ALI	26c home, farro, street, factory,	M 26d		
2	6e NO	26t	orb]	LOCATION STA	SET OR RED. NO. CITY	OR TOWN STATE
R	ESERVED FOR REGISTRA	R'S USE		1,44		
_						
Ì						
•						21-2 (11/81)
	STATE OF	OPECON				2.2 (1101)
		of Klamath				
	This	certifies the	at the foregoin	g is a correct :		
	recor	d of death or	n file with the	Klamath County	um complete tra Department of a	inscript of a lealth Services.
	Jan Jan		MADIAN		depart ment of 1	lealth Services.
		SEALY	FIARTAN 7	ACKERMAN, Regist	rar Vital Stati	stics
			Bi Ja	TERREPEC 29 198.	A Donum	Donto
•	37 ·		Date)	DEC 2	- Deputy	Registrar
			VOLUE IF ALT	екеп - 2 2 9 198	3	
	NOT VALTI	D WITHOUT RAI	SED SEAL OF THE	KLAMATH CO. DE	PT OF HEALTH CO	DV1cre
		• **			- so manni Sh	NV HUES
;;	STATE OF OREGON: COUNTY OF KLANATHER:					
	hereby co	envii: COUNT	O OF KLAMATH	:::::		
I	Occard w 11	OPEN PHAR	the within i	nstrument se.	received as	
ı.	ecord M (1	10_12th day	Ol Januane	* * * * * * * * * * * * * * * * * * * *		
r	nd duly rec	ie <u> 12th </u> day Corded in V	of January of January ol MS4 , o	, '• <i>U</i> ••	<u> </u>	^!pli_>a%
1.	nd duly rec	ie <u>12th</u> day corded in V	of <u>January</u> ol <u>M84</u> , o		1 1 2 4:14	^!pli_>a%
a a	nd duly rec	orded in V	of January ol <u>M84</u> , o	Deeds	1 1 2 4:14	^!pli_>a%