

JACKSON COUNTY HEALTH DEPARTMENT
Vital Statistics Section
CERTIFIED ABSTRACT OF DEATH RECORD

Local Registrar's
Number 83 1198

Gilda Calvi
1111 Howard St
Klamath Falls, Ore 97603

1. NAME OF DECEASED
(type or print)

a. (FIRST)

b. (MIDDLE)

c. (LAST)

Ernest

Ettori

CALVI

2. PLACE OF DEATH

a. (COUNTY)

b. (CITY) If outside corporate limits, write
RURAL location)

Jackson

Medford, Oregon

3. FULL NAME OF HOSPITAL (If not in hospital or institution, give street address or location)
Rogue Valley Medical Center

4. DATE OF DEATH

a. (MONTH)

b. (DAY)

c. (YEAR)

d. (NAME OF HUSBAND/WIFE)

December

31

1983

Gilda

5. IMMEDIATE CAUSE OF DEATH

a. Rupture of the abdominal aorta
DUE TO, OR AS A CONSEQUENCE OF

b.

STATE OF OREGON)

County of JACKSON)

This certifies that the foregoing is a correct transcript of a part of a record of death on
file with the Jackson County Health Department.

(SEAL)

Alma Brawley
Deputy Registrar, VITAL STATISTICS

DATE January 11, 1984

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY

STATE OF OREGON: COUNTY OF KLAMATH: ss

I hereby certify that the within instrument was received and filed for
record on the 23rd day of January A.D., 1984 at 2:53 o'clock P. M.
and duly recorded in Vol. M84, of Deeds on page 1237.

Fee \$ 4.00

EVELYN BIEHN, COUNTY CLERK

by *Pam Smith* Deputy