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84 FEB 28 PM 2 25
CERTIFICATE OF DEATH

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Vital Records Unit

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DECEASED—NAME		First	Middle	Last	State File Number	
BRUNO		EDMUND	ROHLIG	DATE OF DEATH (month, day, year)		
1		SEX		2 January 13, 1984		
RACE White, Black, American Indian, etc. (specify)		4 Male	AGE—Last birthday (years)	DATE OF BIRTH (month, day, year)		
3 White		5a 72	5b Under 1 year	6 November 20, 1909		
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME		COUNTY OF DEATH		
7a Klamath Falls		7b West Medical Cent.		7c Inpatient		
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Germany		9 U.S.A.		10 Married		12 No
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13 546 - 62 - 7431		14a Carpenter - Retired		14b Building		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify yes or no)
15a Oregon		15b Klamath	15c Bonanza	15d Route 2 / Box 205		15e No
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased		
16 Bruno E. Rohlig, Sr.		17 Minna Vosz		18 Charlotte Rohlig / Wife		
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state		
19a Cremation		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon		
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY				
20a Kenneth K. Magee		20b WARD'S - 1945 Main - Klamath Falls, Oregon - 97601				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo. Day, Yr.)		HOUR OF DEATH		
21a (Signature) Kenneth K. Magee		21b 1-14-83		21c 2:00 A.M.		
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d Kenneth K. Magee, MD / 905 Main, Suite 409 / Klamath Falls, Oregon				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e				
DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)		REGISTRAR				
22a JAN 18 1984		22b (Signature) M. Ackerman				
PART I IMMEDIATE CAUSE—		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
(a) Respiratory Arrest		Interval between onset and death				
(b) Hepatic Coma		Interval between onset and death				
(c) Laennec's Cirrhosis		Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
23a No		23b No		23c No		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo. Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
24a No		24b	24c	24d		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO	CITY OR TOWN	STATE
25a		25b	25c	25d	25e	25f
RESERVED FOR REGISTRAR'S USE						

21-2 (11/81)

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 (Signature) Deputy Registrar

VOID IF ALTERED JAN 30 1984

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 28th day of February A.D., 1984 at 2:00 o'clock P.M., and duly recorded in Vol. M84, of Deeds on page 3158.

EVELYN BIEHN, COUNTY CLERK

by (Signature) Deputy

Fee \$14.00