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STATE OF ARIZONA
Certified Copy of Vital Record

ORIGINAL STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES · VITAL RECORDS SECTION

CERTIFICATE OF DEATH

DEATH NO D 102-

1. NAME OF DECEASED — A FIRST: WALTER; B MIDDLE: EDWARD; C LAST: MATTHEWS JR.		2. SEX: MALE	3. DATE OF DEATH — MONTH DAY YEAR: DECEMBER 28, 1983
4A. RACE (e.g., white, black, American Indian, etc.) SPECIFY: WHITE	B. WAS DECEDENT OF SPANISH ORIGIN? (YES, NO) SPECIFY: NO	C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): YES
6. PLACE OF DEATH — A COUNTY: YUMA	B TOWN OR CITY: YUMA	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): YUMA REGIONAL MEDICAL CENTER	D. ☒ DOA ☐ OP EMER ☐ IN PATIENT
7. DATE OF BIRTH — MONTH DAY YEAR: MARCH 29, 1916	8A. AGE (YEARS LAST BIRTHDAY): 67; IF UNDER 1 YEAR: MOS DAYS; IF UNDER 1 DAY: HRS MIN.; B; C	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED	10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): AUDREY BERNICE CRAWFORD
11. STATE OF (if not in USA, name country) BIRTH: CALIFORNIA	12. CITIZEN OF WHAT COUNTRY? SPECIFY: U.S.A.	13. SOCIAL SECURITY NO.: 555-07-3235	14A. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): FOREMAN; B. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
15. USUAL RESIDENCE — A STATE: OREGON	B. COUNTY: KLAMATH	C. TOWN OR CITY: KLAMATH FALLS	D. ZIP CODE: 97601
15E. STREET ADDRESS OR R.F.D.: 4258 BRISTOL	15F. INSIDE CITY LIMITS? (SPECIFY Yes or No): NO	15G. ON RESERVATION (Specify yes or no): NO	16. HOW LONG IN ARIZONA? YEARS / MONTHS / DAYS: 25
17. PREVIOUS STATE OF RESIDENCE: OREGON			
18. FATHER'S NAME — A FIRST: WALTER; B MIDDLE: E.; C LAST: MATTHEWS, SR.			19. MOTHER'S MAIDEN NAME — A FIRST: ANNA; B MIDDLE: BRAY; C LAST:
20. INFORMANT'S SIGNATURE: Audrey Matthews	RELATIONSHIP TO DECEASED: 21. SPOUSE	22. ADDRESS — STREET NO: 4258 BRISTOL; CITY AND STATE: KLAMATH FALLS, ORE; ZIP CODE: 97601	
23. BURIAL, CREMATION, REMOVAL, OTHER (Specify): REMOVAL	24. DATE: 12/31/83	25. CEMETERY OR CREMATORY — NAME / LOCATION: WARDS KLAMATH FUNERAL HOME KLAMATH FALL ORE	26. EMBALMER'S SIGNATURE:	CERT. NO 27. 546
28. FUNERAL HOME — NAME: JOHNSON MORTUARY; STREET ADDRESS: 256 2ND AVE.; CITY AND STATE: YUMA, ARIZ.			29. FUNERAL DIRECTOR or person acting as such (SIGNATURE):	CERT. NO 30. 604

To be completed by CERTIFYING PHYSICIAN ONLY

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

31. SIGNATURE AND TITLE:

32. DATE SIGNED (Mo., Day, Year):

33. HOUR OF DEATH:

34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):

To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY

ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.

35. SIGNATURE AND TITLE: [signature] M.D.

36. DATE SIGNED (Mo., Day, Year): 12/29/83

37. HOUR OF DEATH: 9:39 AM

38. PRONOUNCED DEAD (Mo., Day, Year) ON: 12/28/83

39. PRONOUNCED DEAD (Hour) AT: 9:39 AM

40. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print): DR. ROBERT MALLON 2400 W. 24TH AVENUE, YUMA, ARIZONA 85364

41. DATE REGISTERED: 12-30-83

42. REG. FILE NO.: 656

43. REGISTRAR: [signature]

44. REG. DISTRICT: 1445

45. DATE RCVD. BY STATE OFFICE: JAN 04 1984

46. CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I

A. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE ON EACH LINE): Probable Cardiac Failure

B. DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Heart Disease — 5 YRS

C. DUE TO, OR AS A CONSEQUENCE OF: Cancer of Lung — 4 YRS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (If accident, female-was she pregnant within past 90 days?)

47.

48. AUTOPSY (Specify yes or no): NO

49. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no): Yes.

MANNER OF DEATH: ☒ NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ UNDETERMINED

50.

51. DATE OF INJURY MO. DAY YR.:

52. HOUR M:

53. INJURY AT WORK? (Specify yes or no):

54. DESCRIBE HOW INJURY OCCURRED:

55. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY:

56. WHERE LOCATED? STREET ADDRESS / CITY OR TOWN / STATE:

57. SUPPLEMENTARY ENTRIES:

STATE OF ARIZONA
COUNTY OF MARICOPA } ss

DATE ISSUED JAN 18 1984

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

ARIZONA DEPARTMENT OF HEALTH SERVICES · dhs

DONALD B. MATHIS, Director
Arizona Department of Health Services
State Registrar

OFFICIAL SEAL

Alfonso Bravo
ALFONSO BRAVO
Assistant State Registrar

This copy not valid unless prepared on safety paper displaying state seal in color and impressed with raised seal of issuing agency.

WARNING: It is illegal to alter or counterfeit this copy.

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the 6th day of March A.D., 1984 at 3:12 o'clock P.M. and duly recorded in Vol M84, of Deeds on page 3520.

EVELYN BIEHN, COUNTY CLERK

Fee: $ 4.00

by: Pam Smith, Deputy

Return: Audrey B. Matthews 4258 Bristol Klamath Falls, Oregon 97603