

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3600

Vol. m84

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STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		ALLAN		ROBERT		ADAMS		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC NO		6. DATE OF BIRTH		7. AGE	
Male		White				June 3, 1906		78 YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	
OR		Fred D Adams - OR		Emma Zimmerman - IL		USA		558-03-0737	
13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
Married		Helen Gwen Bacon		Longshoreman		30		various	
18. KIND OF INDUSTRY OR BUSINESS		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN		19C. COUNTY		19D. STATE	
Crane operator		27263 Hwy 189 Sp 52		Blue Jay		San Bernardino		CA	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
Helen Gwen Adams - wife		KAISER FOUNDATION HOSPITAL		SAN BERNARDINO		9961 SIERRA AVENUE		FONTANA	
P.O. Box 3355		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?	
Blue Jay, Ca 92517		(A) PNEUMONITIS		1 DAY		METASTATIC PROSTATE CA, CHF		YES-BR	
		(B) POST-OPERATIVE RESPIRATORY FAILURE		18 DAYS				25. WAS BIOPSY PERFORMED?	
		(C) CHRONIC OBSTRUCTIVE LUNG DISEASE		10 YRS				YES	
								26. WAS AUTOPSY PERFORMED?	
								NO	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN 22A?		27. TYPE OF OPERATION		28. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		29. SPECIFY ACCIDENT, SUICIDE, ETC.	
HIV REPLACEMENT FOR PATHOLOGICAL TURE		6/25/84		G37863		DEBORAH S. HAMMOND, M.D., 9961 SIERRA AVE., FONTANA, CA. 92335		30. PLACE OF INJURY	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED		36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
						Cremation		6-26-1984	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE	
Evergreen Crematory - Riverside, Ca		Not Embalmed		Neptune Society - Riverside		1307		George R. Pettersen, M.D.	
42. DATE SIGNED BY LOCAL REGISTRAR		43. STATE REGISTRAR		44. B.		45. C.		46. D.	
JUN 26 1984		6-6-26							

This must be in red to be a
"CERTIFIED COPY"

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY
OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY
HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN
RED.

George R. Pettersen, M.D.
GEORGE R. PETTERSEN, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH



Return to:
Gwen Adams, P.O. Box 3355, Blue Jay, Ca. 92317
011.013.H29
14-12846-611 Rev. 10/78

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for
record on the 23 day of July A.D., 1984 at 11:08 o'clock A.M.,
and duly recorded in Vol. m84 of Deeds on page 12348.

Fee: \$ 4.00

EVELYN BIEHN, COUNTY CLERK

by: *Sam Smith*, Deputy