

39746

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. M84 Page 13515

307

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last ARTHUR JAMES VAHL		DATE OF DEATH (month, day, year) 2 July 28, 1984	
RACE White, Black, American Indian etc. (specify) White		SEX Male	AGE—Last birthday (years) 80
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		DATE OF BIRTH (month, day, year) 6 June 22, 1904	
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b Klamath Co. Nursing Home		IF HOSP OR INST Indicate DOA, OP, Emer, Rm., Inpatient [Specify] 7c Inpatient	
STATE OF BIRTH (If not in U.S. name country) 8 Oregon	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) Edna M. Vahl
SOCIAL SECURITY NUMBER 13 541-09-8097		KIND OF BUSINESS OR INDUSTRY 14b Hay & Grain Brokerage	
RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 5139 Shasta Way 97603
FATHER NAME first middle last 16 Albert - Vahl	MOTHER first middle last 17 Effie -	INFORMANT NAME and relationship to deceased 18 Edna M. Vahl, Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Cremation	CEMETERY OR CREMATORY—NAME 19b Klamath Cremation Service	LOCATION city or town state 19c Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a [Signature]		NAME AND ADDRESS OF FACILITY OdHair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) Charles D. Bury		DATE SIGNED (Mo., Day, Yr.) 21b July 30 1984	HOUR OF DEATH 21c 2:10 P. M
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Charles D. Bury, M.D., 2300 Clairmont St., Klamath Falls, Oregon 97601			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a JUL 30 1984		REGISTRAR 22b [Signature]	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
(a) St. Pneumonia		Interval between onset and death	
(b) Stroke		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
ACCIDENT [Specify Yes or No]	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
24a	24b	24c	24
INJURY AT WORK [Specify Yes or No]		PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	LOCATION
25a	25b	25c	25
STREET OR R.F.D. NO		CITY OR TOWN	STATE
26a	26b	26c	26
RESERVED FOR REGISTRAR'S USE			

ORIGINAL - VITAL STATISTICS COPY

45.2 REV 12-83

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

Date **JUL 30 1984**

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

Return to: Edna M. Vahl, 5139 Shasta Way, Klamath Falls, OR 97603

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 August A.D., 1984 at 12:46 o'clock P M, and duly recorded in Vol M84, of Deeds on page 13515.

EVELYN BIEHN, COUNTY CLERK

by: **[Signature]**, Deputy

Fee: \$ 4.00 Index: \$1.00