CERTIFICATE OF DEATH/STATE OF GEORGIA

Birth Number | Local File Number 409 | State File Number

TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

DECEASED

1. DECEDENT'S NAME: First James | Middle A. | Last TOWNSEND
2. SEX: Male
3. DATE OF DEATH (Mo., Day, Year): May 17, 1984
4. RACE (White, Black, Amer. Indian, etc.) (Specify): White
5. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.): American
6. DATE OF BIRTH (Mo., Day, Year): Aug. 2, 1919
7a. AGE-Last Birthday (Years): 64
7b. UNDER 1 YEAR: Mos.
7c. UNDER 1 DAY: Days / Hours / Mins.
8a. COUNTY OF DEATH: Dougherty
8b. CITY, TOWN or LOCATION OF DEATH: Albany
9a. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.): Palmyra Park Hospital
9b. IF HOSPITAL OR INST. (Indicate DOA, OP/EMER. Rm., Inpatient) (Specify): Inpatient
10a. STATE OF BIRTH (If not in USA, name Country): Kansas
10b. CITIZEN OF WHAT COUNTRY?: U.S.A.
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
12. SPOUSE (If married or widowed, give spouse's name—if wife, give maiden name): Josephine Runnells
13. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): No
14. SOCIAL SECURITY NUMBER: 545-16-2601
15a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Purchasing Agent
15b. KIND OF INDUSTRY OR BUSINESS: Tire and Rubber Co.

Usual Residence Where Deceased Lived. If Death Occurred in Institution, See Handbook Regarding Completion of Residence Items.

16a. RESIDENCE – STATE: Georgia
16b. COUNTY: Dougherty
16c. CITY, TOWN or LOCATION: Albany
16d. STREET AND NUMBER: 426 Forest Glen Rd.
16e. INSIDE CITY LIMITS? (Yes or No): Yes

PARENTS

17. FATHER'S NAME First Albert | Middle | Last Townsend
18. MOTHER'S MAIDEN NAME First Vergie | Middle | Last Swank

INFORMANT

19a. INFORMANT'S NAME First Josephine R. | Middle | Last Townsend
19b. MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip): 426 Forest Glen Rd., Albany, Ga. 31707
19c. RELATIONSHIP: Wife

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify): Burial
20b. DISPOSITION DATE (Mo., Day, Year): May 21, 1984
20c. CEMETERY OR CREMATORY NAME: Floral Memory Gardens
20d. LOCATION (City or Town, State, Zip, County): Albany, Georgia, Dougherty
21a. FUNERAL SERVICE LICENSEE (Signature): Walter M. Mathews III
21b. ESTAB. LICENSE NO.: 1105
21c. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip): Mathews Oaklawn Chapel Funeral Home 31707, 3022 Gillionville Rd., Albany, Georgia
21d. EMBALMER (Signature): Walter M. Mathews III
21e. EMBALMER LICENSE NO.: 2593

CAUSE OF DEATH

Conditions, If Any, Which Gave Rise To Immediate Cause Stating The Underlying Cause Last.

PART I
23. IMMEDIATE CAUSE: (Enter only one cause per line for A, B, and C)
A. Pulmonary Fibrosis — Approximate interval between onset and death: 1 year
Due to, or as a consequence of:
B. Bronchiolar Emphysema — Approximate interval between onset and death: Unknown
Due to, or as a consequence of:
C. — Approximate interval between onset and death:

PART II
24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part IA. If female, indicate if pregnant or birth occurred within 90 days of death.) Long-term smoking
25a. AUTOPSY (Yes or No): No
25b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)

If Infant Death, Indicate Birth Certificate No. of Mate(s).

26a. WAS OPERATION PERFORMED? (Yes or No): NO
26b. DATE OF OPERATION (Mo., Day, Year):
26c. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify):

27. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify):
28a. DATE OF INJURY (Mo., Day, Year):
28b. DESCRIBE HOW INJURY OCCURRED:
28c. HOUR OF INJURY: M
28d. INJURY AT WORK? (Yes or No):
28e. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify):
28f. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County):

CERTIFIER

To Be Completed By CERTIFYING PHYSICIAN ONLY

29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): Craig Nielson M.D.
29b. DATE SIGNED (Mo., Day, Year): May 25, 1984
29c. HOUR OF DEATH: 9:00 P. M
29d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:

To Be Completed By MEDICAL EXAMINER OR CORONER ONLY

30a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title):
30b. DATE SIGNED (Mo., Day, Year):
30c. HOUR OF DEATH: M
30d. DATE PRONOUNCED DEAD (Mo., Day, Year): ON
30e. HOUR PRONOUNCED DEAD: AT M

TYPE OR PRINT

31a. NAME AND TITLE OF CERTIFIER (Physician, Medical Examiner, or Coroner): CRAIG NIELSON
31b. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip): 1100 N. Madison Street Albany GA 31701

REGISTRAR

27a. REGISTRAR (Signature): Helen S. (Bohrs)
22b. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 5-29-84

Form 3903 (Rev. 7-79) GEORGIA DEPARTMENT OF HUMAN RESOURCES/VITAL RECORDS SERVICE — DO NOT FOLD THIS CERTIFICATE

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STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record

this 28th day of August A.D. 19 84 at 1:16 o'clock P M., and duly recorded in Vol. M84, of Deeds on Page 14880

EVELYN BIEHN, County Clerk

By Fern Gentry

Fee: $4.00 Index: $1.00

BOIVIN & BOIVIN, P.C.
ATTORNEYS AT LAW
110 NORTH SIXTH STREET
KLAMATH FALLS, OREGON 97601-6079

Ref:

This is to certify that this is a true and correct copy of the certificate filed with the Vital Records Service, Georgia Department of Human Resources. This certified copy is issued under the authority of Chapter 31-10, Vital Records, Code of Georgia.

Helen S. Bohrs
State Vital Records
Registrar and Custodian
Director, Vital Records
Service

County Custodian

Issued By

Date 5-29-84

(Void without original signature and impressed seal)

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