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STATE OF OREGON—STATE HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

304 Local File Number | State File Number

DECEASED

1. DECEASED—NAME: First: David; Middle: M.; Last: Loera
2. DATE OF DEATH (month, day, year): September 16, 1977
3. RACE White, Negro, American Indian, etc. (specify): Mexican
4. SEX: Male
5a. AGE—last birthday (years): 54
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Klamath Pres. Intercomm. Hosp.
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. STATE OF BIRTH (if not in U.S.A., name of country): Texas
8. SOCIAL SECURITY NUMBER: 573-26-4462
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Victoria R. Loera
12. RESIDENCE—STATE: Oregon
13a. COUNTY: Klamath
13b. CITY, TOWN, OR LOCATION: Klamath Falls
13c. Inside City Limits (specify yes or no): No
14a. STREET AND NUMBER OR RFD: 3125 Hilyard St.
14b. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Laborer
14c. KIND OF BUSINESS OR INDUSTRY: Southern Pacific Railroad
14d. Usual residence where deceased lived. If death occurred in institution, give residence before admission.
15. FATHER—NAME first / middle / last: Pablo Loera
16. MOTHER—Maiden Name first / middle / last: Virginia Mireles
17. INFORMANT—Name and relationship to deceased: Victoria R. Loera, Wife

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
18. Immediate Cause (a) due to, or as a consequence of:
(b) due to or as a consequence of:
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
approximate interval between onset and death

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)

MEDICAL INVESTIGATOR

DATE OF INJURY (month, day, year) | HOUR
20a. INJURY AT WORK (specify yes or no)
20b. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)
20d. LOCATION (street or R.F.D. No., city or town, county, state)
19a. AUTOPSY (yes or no)
19b. (IF YES were findings considered in determining cause of death)

CERTIFIER

CERTIFICATION—MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:
DEATH OCCURRED (hour) / month / day / year
21a. 9:45 P. M. 21b. Sept. 16, 1977
THE DECEDENT WAS PRONOUNCED DEAD (hour) / month / day / year
21c. 9:45 P. M.
CERTIFIER—SIGNATURE
22a. [signature]
MEDICAL INVESTIGATOR FOR:
23. COUNTY: Klamath
FROM: Natural Causes ☒ / Accident ☐ / Homicide ☐ / Suicide ☐ / Undetermined ☐ / Pending ☐
NAME—(type or print): George R. Nicholson
Degree or Title: M.D.
22b. DATE SIGNED (month, day, year): 9-21-77

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify)
CEMETERY OR CREMATORY—NAME
LOCATION: city or town / state
DATE (month, day, year)
24a. FUNERAL DIRECTOR—SIGNATURE: Burial
24b. Mt. Calvary Cemetery
24c. Klamath Falls, Oregon
24d. 9-21-77
25a. REGISTRAR—SIGNATURE: [signature]
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
25b. O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. RESERVED FOR REGISTRAR'S USE
DATE RECEIVED BY LOCAL REGISTRAR
26b. 9-22-77
DATE RECEIVED BY STATE REGISTRAR
27.
28.

VS-107 REV. 2-73

ORIGINAL—VITAL STATISTICS COPY

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.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics

By [signature], Deputy Registrar
Date SEP 23 1977 19
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the 30th day of August A.D., 19 84 at 11:47 o'clock A M, and duly recorded in Vol M84, of Deeds on page 15040.

Index Fee: $1.00 / $4.00

EVELYN BIEHN, COUNTY CLERK
by: [signature], Deputy