

DATE OF DEATH (month, day, year) June 28, 1984		State File Number	
DATE OF BIRTH (month, day, year) March 25, 1915		F. HOSP. OR INST. Indicate DOA Op Emer. Rm. Inpatient (Specify)	
COUNTY OF DEATH Klamath		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. Yes	
SOCIAL SECURITY NUMBER 329-07-0788		KIND OF BUSINESS OR INDUSTRY 14b Electrical Contracting	
RESIDENCE STATE Oregon		STREET AND NUMBER OR R.F.D. ZIP 15d P.O. Box 396 97639	
CITY, TOWN, OR LOCATION Sprague River		INSIDE CITY/TOWN (Specify Yes or No) 15e No	
FATHER'S NAME Vincent Wayne Royalty		INFORMANT - NAME and relationship to decedent 18 Virginia L. Royalty, wife	
MOTHER'S NAME Lrick		LOCATION 19c Whittier, California 9060	
FUNERAL HOME OR CHURCH Davenport's Chapel of the Good Shepherd, 6120 South Sixth Street, Klamath Falls, Oregon 97603		DATE SIGNED (Mo. Day, Yr.) 21b 06-29-84	
NAME AND ADDRESS OF CERTIFIER 21d Blake D. Herven, MD, 2616 Clover, Klamath Falls, Oregon 97601		HOUR OF DEATH 21c 8:48 P.M.	
DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) JUN 29 1984		REGISTRAR 22 Joseph D. Carney	
IMMEDIATE CAUSE OF DEATH (a) acute myocardial infarction		Interval between onset and death 5 min	
(b) ASHD		Interval between onset and death 5 years	
PART 2 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part 1 (a) Chronic myelocytic leukemia Comp		AUTOPSY (Specify Yes or No) 24 No	
ACCIDENT (Specify Yes or No) 26 No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No	
PLACE OF INJURY 28		STREET OR R.F.D. NO 29	
CITY OR TOWN 30		STATE 31	

ORIGINAL VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON, COUNTY OF MULTNOMAH

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

DATE ISSUED AUGUST 29 1984

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 4th day of September A.D., 19 84 at 8:33 o'clock A M, and duly recorded in Vol M84 of Deeds on page 15184.

Index: \$1.00

Fee: \$4.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Return: Mrs. Virginia Royalty Box 396 Sprague River, Oregon 97639