DECEASED NAME First	GE Mdc	RTIFICATE OF DE	ATH	State File **
HERBERT	r €/do	Lasi	18	State File Number ATE OF DEATH (month, day yea
	SEX AGE	— GORDON —Last birthday Under Lys		October 28 10
CITY, TOWN OR LOCATION OF DEATH	4 Male	(S)	ays hours min	Will Or Bill In (month, day, year
la Klamath Poli	HOSPITAL OR OTHER IN		IF HOSP OR INST. In	September 11
	176 Klamath Co.	Nursing Non-	Contract Pull Incat	ent [Specify]
a California 9	U.S.A	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SPOUSE (IF MARRIED, W	DOWED) WAS DECEDENT ARMED FORCES
	USUAL OCCUPATION (c of working life, even if ret	10 Married pive kind of work done during most ired)	11 Mary Gord	on 12 No
13 559-09-1522 RESIDENCE—STATE COUNTY	14a Laborer:	Machine One	KIND OF BUSINES	S OR INDUSTRY
15a Oragon		OWN, OR LOCATION STREE	TAND NUMBER OR R.F.D.	
PATHER NAME first middle	Klamath 15c Kl	amath Falls 1512/	20 151. 1	-97603 -
William Elmer Gordon BURIAL CREMATION.	n , Carrie	Elsie Cross	WAY WATER I NAM	and relationship to deceased
HEMOVAL, MAUS. (SDOCIN)	TERY OR CREMATORY NAM	AE OLUSS	18 Mary Gor	don, Wife
PUNERAL SERVICE LICENSEE OF PERMANAN	Klamath Crema	tion Service	LOC	ATION city or town
	NAME AND A	ADDRESS OF FACILITY	19c	Klamath Falls
To We best of my knowledge, death oct due to the cause(s) stated	urred at the time data and	Funeral Chapel,	Inc., 515 Pin	e St Klamath T
20 21a i Sonanuel	A land pil	DATE SIGN	IED [Mb. Day. Y/]	HOUR OF DEATH
NAME AND ADDRESS OF CERTIFIER	(Type or Print)	216 10	2/29/84	21c 8: 25 A.
BE 21d F. Geoffrey Mar	X. M.D. 2614	Clover Ct vi	ing the second	
NAME OF ATTENDING PHYSICIAN IF (OTHER THAN CERTIFIER Type	Clover St., Klama	th Falls, Ore	gon_97601
DATE RECEIVED BY REGISTRAR (Mo. Day. Y	7] REGISTRAR			
22a UUT 2 9 1984	7	5 N		
23 IMMEDIATE CAUSE	220 (Signalu TENTER ONLY ONE CAUSE	- MAINE -	Cravindo	
(a) P-1	e Arte	PER LINE FOR (a), (b), AND (c).	7 2 1	Interval between on
DUE TO, OR AS A CONSEQUENCE OF:		1 cdocareral	Intarclia	- Immed
DUE TO, OR AS A CONSEQUENCE OF:				Interval between ons
(c)				
ART OTHER SIGNIFICANT CONDITIONS—Con	ditions contributing to death b			Interval between ons
**************************************	Destricting to beath be	ut not related to cause given in PART I	(a) AUTOPSY (Specify or No)	Yes WAS MEDICAL EXAMINE
			104	[Specify Yes or Ab]
ACCIDENT Specify Yes or No! DATE OF INJURY	Y [Mb. Day, Yr] HOUR OF	INJURY DESCRIBE HOW IN	UIDY OCCUPATION	
6a 26b		DESCRIBE HOW IN	JURY OCCURRED	N.
6a 26b LIURY AT WORK Specify Yes or Ab 566 PLACE OF INJURY office building, etc.	26c	M 26d	TREET OR R.F.D. NO	CITY OF TOWN
6a 26b LULHY AT WORK Specify Yes or Ab] Office building, etc 6e 26i	26c	M 26d	JURY OCCURRED	CITY OR TOWN STATE
6a 26b LIURY AT WORK Specify Yes or Ab 566 PLACE OF INJURY office building, etc.	26c	M 26d LOCATION S	JURY OCCURRED	CITY OR TOWN STATE
6a 26b LULHY AT WORK Specify Yes or Ab] Office building, etc 6e 26i	_At home, farm, street, factory	M 26d LOCATION S	TREET OR R.F.D. NO	CITY OR TOWN STATE
6a 26b LULHY AT WORK Specify Yes or Ab] Office building, etc 6e 26i	_At home, farm, street, factory	M 26d LOCATION S	TREET OR R.F.D. NO	CITY OR TOWN STATE
6a 26b LULHY AT WORK Specify Yes or Ab] Office building, etc 6e 26i	_At home, farm, street, factory	M 26d LOCATION S	TREET OR R.F.D. NO	CITY OR TOWN STATE
6a 26b LULHY AT WORK Specify Yes or Ab] Office building, etc 6e 26i	_At home, farm, street, factory	M 26d LOCATION S	TREET OR R.F.D. NO	CITY OR TOWN STATE
68 26b SUURY AT WORK Specify Yes or Ab] SEERVED FOR REGISTRAR'S USE STATE OF OREGON	_At home, farm, street, factory	M 26d LOCATION S	TREET OR R.F.D. NO	
STATE OF OREGON COUNTY OF Klamath	At home, farm, street, factory [Specify]	VITAL STATISTICS COP	TREET OR R.F.D NO	45-2
STATE OF OREGON County of Klamath This mentification	Al home, farm, street, factory ORIGINAL -	LOCATION S 260 VITAL STATISTICS COP	TREET OR R.F.D. NO	45-2
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