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

Vol. M85 Page 2801

## CERTIFICATE OF DEATH

Local File Number		State File Number	
DECEASED--NAME		DATE OF DEATH (month day year)	
First Middle Last RALPH LEONARD FOSTER		February 15, 1985	
1 RACE White Black American Indian etc. (Specify)		2 DATE OF BIRTH (month day year)	
3 White		6 November 24, 1913	
4 SEX		5a AGE--Last birthday (years)	
Male		71	
6 CITY, TOWN OR LOCATION OF DEATH		7b HOSPITAL OR OTHER INSTITUTION--NAME (If not in either, give street and number)	
Klamath Falls		2311 Darrow	
8 STATE OF BIRTH (If not in U.S.A. name country)		9 CITIZEN OF WHAT COUNTRY	
Montana		U.S.A.	
10 SOCIAL SECURITY NUMBER		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
540-12-7487		Divorced	
12 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		13 KIND OF BUSINESS OR INDUSTRY	
Yard clerk		Great Northern Railroad	
14a RESIDENCE--STATE		14b STREET AND NUMBER OR R.F.D., ZIP	
Oregon		2311 Darrow 97601	
15a COUNTY		15b CITY, TOWN, OR LOCATION	
Klamath		Klamath Falls	
16 FATHER--NAME first middle last		17 MOTHER--first middle last (Maiden Name)	
Clyde Elmer Foster		Grace Elsie Shippen	
18a Burial		18b Robert E. Foster, Brother	
19a Burial		19b Mt. Calvary Cemetery	
20a William F. Davenport		20b 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194	
21a To the best of my knowledge, death occurred at the time and place and due to the cause(s) stated		21b DATE SIGNED (Mo. Day Yr)	
21c NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d February 18, 1985	
Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601		21e HOUR OF DEATH Approx.	
21f NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		11:00 P. M.	
22a DATE RECEIVED BY REGISTRAR (Mo. Day Yr)		22b REGISTRAR	
FEB 19 1985		Daphne E. Parnish	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
(a) Acute myocardial infarction		5 min	
(b) ASHD		Interval between onset and death	
(c) Diabetes mellitus		Unknown	
PART II OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)	
Diabetes mellitus		No	
24 ACCIDENT (Specify Yes or No)		25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
No		Yes	
26a INJURY AT WORK (Specify Yes or No)		26b DATE OF INJURY (Mo. Day Yr)	
No		26c HOUR OF INJURY	
26d PLACE OF INJURY--At home, farm, street, factory, office building, etc. (Specify)		26e DESCRIBE HOW INJURY OCCURRED	
26f LOCATION		26g STREET OR R.F.D. NO	
26h CITY OR TOWN		26i STATE	
26j		26k	
26l		26m	
26n		26o	
26p		26q	
26r		26s	
26t		26u	
26v		26w	
26x		26y	
26z		26aa	
26ab		26ac	
26ad		26ae	
26af		26ag	
26ah		26ai	
26aj		26ak	
26al		26am	
26an		26ao	
26ap		26aq	
26ar		26as	
26at		26au	
26av		26aw	
26ax		26ay	
26az		26ba	
26bb		26bc	
26bd		26be	
26bf		26bg	
26bh		26bi	
26bj		26bk	
26bl		26bm	
26bn		26bo	
26bp		26bq	
26br		26bs	
26bt		26bu	
26bv		26bw	
26bx		26by	
26bz		26ca	
26cb		26cc	
26cd		26ce	
26cf		26cg	
26ch		26ci	
26cj		26ck	
26cl		26cm	
26cn		26co	
26cp		26cq	
26cr		26cs	
26ct		26cu	
26cv		26cw	
26cx		26cy	
26cz		26da	
26db		26dc	
26dd		26de	
26df		26dg	
26dh		26di	
26dj		26dk	
26dl		26dm	
26dn		26do	
26dp		26dq	
26dr		26ds	
26dt		26du	
26dv		26dw	
26dx		26dy	
26dz		26ea	
26eb		26ec	
26ed		26ee	
26ef		26eg	
26eh		26ei	
26ej		26ek	
26el		26em	
26en		26eo	
26ep		26eq	
26er		26es	
26et		26eu	
26ev		26ew	
26ex		26ey	
26ez		26fa	
26fb		26fc	
26fd		26fe	
26ff		26fg	
26fh		26fi	
26fj		26fk	
26fl		26fm	
26fn		26fo	
26fp		26fq	
26fr		26fs	
26ft		26fu	
26fv		26fw	
26fx		26fy	
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26gb		26gc	
26gd		26ge	
26gf		26gg	
26gh		26gi	
26gj		26gk	
26gl		26gm	
26gn		26go	
26gp		26gq	
26gr		26gs	
26gt		26gu	
26gv		26gw	
26gx		26gy	
26gz		26ha	
26hb		26hc	
26hd		26he	
26hf		26hg	
26hh		26hi	
26hj		26hk	
26hl		26hm	
26hn		26ho	
26hp		26hq	
26hr		26hs	
26ht		26hu	
26hv		26hw	
26hx		26hy	
26hz		26ia	
26ib		26ic	
26id		26ie	
26if		26ig	
26ih		26ii	
26ij		26ik	
26il		26im	
26in		26io	
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26ir		26is	
26it		26iu	
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