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Local File Number				State File Number			
DECEASED—NAME First Middle Last JERRY AHERN				DATE OF DEATH (month, day, year) March 22, 1985			
RACE White, Black, American Indian, etc. (Specify) White		SEX Male		AGE—Last birthday (years) 78		DATE OF BIRTH (month, day, year) July 8, 1906	
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Klamath County Nursing Home		IF HOSP OR INST Indicate DOA: OP—Emer. Rm. Inpatient (Specify) Inpatient		COUNTY OF DEATH Klamath	
STATE OF BIRTH (If not in U.S.A. name country) Ireland		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		SPOUSE (IF MARRIED, WIDOWED) Madge	
SOCIAL SECURITY NUMBER 542-05-6533		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheep Rancher		KIND OF BUSINESS OR INDUSTRY Ranching		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
RESIDENCE—STATE Oregon		COUNTY Klamath		CITY, TOWN, OR LOCATION Merrill		STREET AND NUMBER OR R.F.D., ZIP PO Box 248 97633	
FATHER—NAME first middle last William Ahern		MOTHER—first middle last (Maiden Name) Bridget Scully		INFORMANT—NAME and relationship to deceased Madge Ahern - Wife			
BURIAL, CREMATION, REMOVAL, MAUS (Specify) Burial		CEMETERY OR CREMATORY—NAME Mt. Calvary Cemetery		LOCATION City or town state Klamath Falls, Ore.			
FUNERAL SERVICE LICENSEE Or Person Acting As Such Jim Lancaster		NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main St. - Klamath Falls, Ore.					
To be Completed by Certifying Physician Only		To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated Myocardial infarction		DATE SIGNED (Month, Day, Year) Mar 25 85		HOUR OF DEATH 5:35 A.	
NAME AND ADDRESS OF CERTIFIER (Type or Print) Raymond Tice, MD		905 Main St./Suite 309 Klamath Falls, Ore.					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
DATE RECEIVED BY REGISTRAR (Month, Day, Year) MAR 26 1985		REGISTRAR Marian Ackerman					
PART I IMMEDIATE CAUSE Criminalist		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). (Color)				Interval between onset and death 4 years	
(a) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No			
ACCIDENT (Specify Yes or No) No		DATE OF INJURY (Month, Day, Year) 26b		HOUR OF INJURY 26c		DESCRIBE HOW INJURY OCCURRED 26d	
INJURY AT WORK (Specify Yes or No) 26e		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		LOCATION 26g		STREET OR R.F.D. NO CITY OR TOWN STATE	
RESERVED FOR REGISTRAR'S USE							

ORIGINAL—VITAL STATISTICS COPY

45-2 REV 12-83

STATE OF OREGON
County of KlamathThis certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar
Date MAR 26 1985

VOID IF ALTERED

SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

Return To:

NOT VALID WITHOUT RAISE

GIACOMINI, JONES & ASSOCIATES
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION
635 MAIN STREET
KLAMATH FALLS, OREGON 97601

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 18th day of June A.D., 1985 at 9:00 o'clock A M, and duly recorded in Vol M85 of Deeds on page 9162.

EVELYN BIEHN, COUNTY CLERK

by: Sam Smith, DeputyFee: \$ 5.00