'85 NOV 21 PM 2 52

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 129

STATE FILE NO. 5301

DATE RECEIVED MAY 26 1958

1. NAME OF DECEASED (Type or print all entries in black ink): First THEODORE Middle LOUIS Last KNIGHT

2. PLACE OF DEATH
A. COUNTY Klamath
B. CITY, TOWN, OR LOCATION Klamath Falls
C. LENGTH OF STAY IN 2B 5 years
D. NAME OF HOSPITAL OR INSTITUTION 3541 Summers Lane, Cabin #2

3. USUAL RESIDENCE
A. STATE Oregon
B. COUNTY Klamath
C. CITY, TOWN OR LOCATION Klamath Falls X
D. STREET ADDRESS, RURAL ROUTE, ETC. 5726 Harlan Drive

4. DATE OF DEATH May 8 1958

5. SEX Male

6. COLOR OR RACE Indian

7. MARITAL STATUS: Married / Widowed [X] / Divorced / Never Married

8. SOCIAL SECURITY NO. 543-18-6453

9. USUAL OCCUPATION Logger

10. KIND OF BUSINESS OR INDUSTRY Lumber companies

11. NAME OF SPOUSE Donna (deceased)

12. DATE OF BIRTH May 11 1922

13. AGE LAST BIRTHDAY 35

14. BIRTHPLACE Klamath County, Oregon

15. WAS DECEASED A CITIZEN OF U.S. Xx

16. IF DECEASED WAS A VETERAN, WHAT WAR? W.W. #2

17. NAME OF FATHER Louis Knight

18. MAIDEN NAME OF MOTHER Amy Ball

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Ralph Copeland, nephew

MEDICAL CERTIFICATION

20. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Gunshot wound head — Interval between onset and death: sudden
DUE TO (B)
DUE TO (C)
PART II. Other significant conditions contributing to death but not related to the terminal disease or condition given in Part I

21. Autopsy performed? Yes / No [X]

23. WAS DEATH RESULT OF: Accident / Suicide [X] / Homicide

24. IF ACCIDENT, DID INJURY OCCUR: At Work / Not At Work [X]

25A. PLACE OF INJURY Home

25B. Klamath Falls, Klamath, Oregon

26. TIME OF INJURY 2 a.m. May 8, 1958

27. DESCRIBE HOW INJURY OCCURRED. Shot self in right temple with pistol

28. CERTIFICATE. I certify that I attended (investigated the death of) the deceased ... May 8, 1958 about 2 a.m. ...
(signed) [signature] M.D., Klamath Co. Coroner, Klamath Falls, Ore. 5-10-58

29. RESERVED FOR REGISTRAR'S USE 576X

30A. DECEASED WILL BE: Buried [X] / Cremated / Removed / Other
30B. DATE 5/12/58
30C. NAME OF CREMATORY OR CEMETERY Wilson cemetery
30D. LOCATION Williamson River, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR 5-12-58

32. REGISTRAR'S SIGNATURE [signature]

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS [signature] Klamath Falls, Oregon

Ret. Ken Knight
5726 Harlan
KFO.

STATE OF OREGON, COUNTY OF MULTNOMAH

DATE ISSUED NOV 13 1985

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.

[signature]
Joseph D. Carney, State Registrar

NOT VALID WITHOUT SEAL OF OREGON STATE HEALTH DIVISION

5.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ______________ the 21st day of November A.D., 19 85 at 2:52 o'clock P M., and duly recorded in Vol. M85 of Deeds on Page 18921.

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]