

OREGON STATE HEALTH DIVISION  
VITAL STATISTICS SECTION

MTC 162062

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

85-00262

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last <b>JAMES RAYMOND BOWLSBY</b>			DATE OF DEATH (month day year) <b>January 9, 1985</b>		
RACE (White, Black, American Indian, etc. (specify)) <b>White</b>			SEX <b>Male</b>		
AGE—Last birthday (years) <b>59</b>			Under 1 year Under 1 day Under 1 hour Under 1 minute		
CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>			HOSPITAL OR OTHER INSTITUTION—NAME (if not in other, give street and number) <b>West Medical Center</b>		
STATE OF BIRTH (if not in U.S.A. name country) <b>California</b>			CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
SOCIAL SECURITY NUMBER <b>569-22-3321</b>			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>		
RESIDENCE—STATE <b>Oregon</b>			KIND OF BUSINESS OR INDUSTRY <b>Southern Pac. Railroad</b>		
COUNTY <b>Klamath</b>			CITY, TOWN, OR LOCATION <b>Klamath Falls</b>		
STREET AND NUMBER OR R.F.D., ZIP <b>5280 Wickett Ct. 97603</b>			INFORMANT—NAME and relationship to deceased <b>Ester Bowlsby - Wife</b>		
FATHER—NAME <b>Raymond C. Bowlsby</b>			MOTHER—NAME <b>Marion Harding</b>		
BIRTH, CREMATION, REMOVAL MAUS (specify) <b>Burial</b>			CEMETERY OR CREMATORY NAME <b>Mt. Calvary Cemetery</b>		
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) <i>[Signature]</i>			NAME AND ADDRESS OF FACILITY <b>WARD'S - 1945 Main St. - Klamath Falls, Oregon</b>		
DATE RECEIVED BY REGISTRAR (Month Day Year) <b>JAN 11 1985</b>			REGISTRAR <i>[Signature]</i>		
IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b>			Interval between onset and death <b>minutes</b>		
(b) <b>Atherosclerotic Heart Disease</b>			Interval between onset and death <b>Unknown</b>		
(c) <b>Other Significant Conditions—Conditions contributing to death but not related to cause given in PART I (a)</b>			Interval between onset and death		
ACCIDENT (Specify Yes or No) <b>No</b>			DATE OF INJURY (Month Day Year) <b>4/10/85</b>		
HOUR OF INJURY <b>2:53</b>			DESCRIBE HOW INJURY OCCURRED <b>On road</b>		
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>On road</b>			LOCATION <b>On road</b>		
STREET OR R.F.D. NO. <b>On road</b>			CITY OR TOWN <b>Klamath Falls</b>		
STATE <b>Oregon</b>			RESERVED FOR REGISTRAR'S USE		

ORIGINAL—VITAL STATISTICS COPY

452 HEV 1283

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED

JOSEPH D. CARNEY  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **April** A.D., 19 **86** at **2:53** o'clock **P** M., and duly recorded in Vol. **M86** of **Deeds** on Page **7033**

FEE \$5.00

Return: MTC

Evelyn Biehn,  
By

County Clerk