

OCCASIONAL NAME 1a <b>Leonard</b>		LAST NAME 1b <b>ALLEN</b>		DATE OF DEATH 2 <b>July 8, 1986</b>	
RACE (White, Black, American Indian, etc.) 3 <b>White</b>		SEX 4 <b>Male</b>		AGE - Last birthday (years) 5 <b>68</b>	
CITY, TOWN OR LOCATION OF DEATH 6a <b>Klamath Falls</b>		HOSPITAL OR OTHER INSTITUTION - NAME (If not in above, give street and number) 7a <b>Klamath Co. Convalescent Cen.</b>		IF HOSP. OR INST. Indicates DON. OP/Emer. Rm. Inpatient (specify) 7c <b>Inpatient</b>	
STATE OF BIRTH (If not in U.S.A. name country) 8 <b>Oregon</b>		CITIZEN OF WHAT COUNTRY 9 <b>U.S.A.</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 <b>Married</b>	
SOCIAL SECURITY NUMBER 13 <b>518-09-4702</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a <b>Engineer</b>		SPOUSE (IF MARRIED - WIDOWED) 11 <b>Betty Allen</b>	
RESIDENCE - STATE 15a <b>Oregon</b>		COUNTY 15b <b>Klamath</b>		CITY, TOWN OR LOCATION 15c <b>Klamath Falls</b>	
FATHER - Name first middle last 16 <b>George L. Allen</b>		MOTHER - first middle last (Maiden Name) 17 <b>Irene - Gates</b>		STREET AND NUMBER OR R.F.D. 15d <b>Harriman Route Box 259</b>	
BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify) 19a <b>Cremation</b>		CEMETERY OR CREMATORY - NAME 19b <b>Klamath Cremation Service</b>		LOCATION City or town 19c <b>Klamath Falls, Ore</b>	
FUNERAL SERVICE LICENSEE or person acting as such (Signature) 20a <i>Merida</i>		NAME AND ADDRESS OF FACILITY 20b <b>O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls</b>		ZIP 97601	
To be completed by CERTIFYING PHYSICIAN Only 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>[Signature]</i> 21b <b>M.D.</b> 21c <b>John J. Kleeaman, M.D., 1905 Main Street, Klamath Falls, Oregon</b>		DATE SIGNED (Mo., Day, Year) 21d <b>July 7, 1986</b>		HOUR OF DEATH 21e <b>6:15 P.</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21f		ZIP 97601			
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22a <b>July 8, 1986</b>		REGISTRAR 22b (Signature) <i>[Signature]</i>			
PART I 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) (a) <b>Cause of Poucores</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Cause of Poucores</b> DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death Interval between onset and death Interval between onset and death			
PART II 24 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) <b>Diabetes Mellitus</b>		AUTOPSY (Specify Yes or No) 24 <b>No</b>		WAS MEDICAL EXAMINER (Specify Yes or No) 25	
ACCIDENT (Specify Yes or No) 26a		DATE OF INJURY (Mo., Day, Year) 26b		HOUR OF INJURY 26c	
INJURY AT WORK (Specify Yes or No) 26d		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 26e		DESCRIBE HOW INJURY OCCURRED 26f	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>			
RESERVED FOR REGISTRAR'S USE					

**ORIGINAL-VITAL STATISTICS COPY**

STATE OF OREGON  
COUNTY OF KLAMATH

This 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 Richard E. Curren, Deputy Registrar

Date 7/98

**VOID IF FORWARDED**

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_  
of \_\_\_\_\_ July \_\_\_\_\_ A.D., 19 \_\_\_\_\_ 86 at \_\_\_\_\_ 3:44 \_\_\_\_\_ o'clock \_\_\_\_\_ P \_\_\_\_\_ M., and duly recorded in Vol. \_\_\_\_\_ M86 \_\_\_\_\_,  
of \_\_\_\_\_ Needs; \_\_\_\_\_ on Page \_\_\_\_\_ 13341 \_\_\_\_\_.

**FEE** \$5.00

Evelyn Biehn, County Clerk  
By 