

FILED 22 JUL 41 MTC 17094-K

STATE OF OREGON
DEPARTMENT OF HEALTH SERVICES
Vital Records Unit

Page 17063

CERTIFICATE OF DEATH

DECEASED - NAME: **HENRY** First Middle Last
RACE: **White** (Specify)
SEX: **Male**
AGE - Last birthday (years): **75** Under 1 year: **0** mos. days Under 1 day: **0** hours min.
DATE OF DEATH (month, day, year): **March 20, 1986**
DATE OF BIRTH (month, day, year): **July 23, 1910**
CITY, TOWN OR LOCATION OF DEATH: **Klamath Falls**
HOSPITAL OR OTHER INSTITUTION - NAME: **Klamath Co. Convalescent Cntr.**
STATE OF BIRTH (if not in U.S.A., name country): **New Jersey**
CITIZEN OF WHAT COUNTRY: **U.S.A.**
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): **Married**
SPOUSE (IF MARRIED, WIDOWED): **Jeannette**
SOCIAL SECURITY NUMBER: **079 - 03 - 7159**
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Mechanical Eng. - Retired**
KIND OF BUSINESS OR INDUSTRY: **S. Blickman Inc.**
RESIDENCE - STATE: **Oregon** COUNTY: **Klamath** CITY, TOWN OR LOCATION: **Klamath Falls** STREET AND NUMBER OR R.F.D.: **1519 Pleasant** ZIP: **97601**
FATHER - NAME: **Peter Bjerke** MOTHER - first middle last: **Nora Hanson**
BURIAL, CREMATION, REMOVAL, NAUS. (specify): **Cremation**
CEMETERY OR CREMATORY - NAME: **Eternal Hills Memorial Gardens** LOCATION: **Klamath Falls, Ore.**
FURNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: **WARD'S / 1945 Main St. / Klamath Falls, Ore. 97601**
INFORMANT - NAME and relationship to deceased: **Bruce Bjerke / Son**
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): **R. Rand Hale, MD 2584 Campus Dr. - Klamath Falls 97601**
DATE RECEIVED BY REGISTRAR (Mo., Day, Year): **March 25, 1986** REGISTRAR: **[Signature]**
PART I (a) **Cerebral metastases** (b) **Small cell carcinoma lung**
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)
ACCIDENT (Specify Yes or No): **No** DATE OF INJURY (Mo., Day, Year): **26b** HOUR OF INJURY: **26c** DESCRIBE HOW INJURY OCCURRED: **26d** AUTOPSY (Specify Yes or No): **No** WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): **No**
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.: **26h** CITY OR TOWN: **26i** STATE: **26j**
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐ WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

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 **[Signature]**, Deputy Registrar
Date **September 14, 1986**



NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.
Filed for record at request of **September** of **1986** at **1:47** o'clock **P** M., and duly recorded in Vol. **M86** on Page **17063**
FEE \$5.00
Return: M.T.C.
By **[Signature]** Evelyn Biehn, County Clerk