

CERTIFICATE OF DEATH

DECEASED - NAME First: Sylvia Middle: Eva Last: ROBERTS		State File Number
RACE: White SEX: Female AGE - Last birthday (years): 93		DATE OF DEATH (month, day, year): October 25, 1986
CITY, TOWN OR LOCATION OF DEATH: Klamath Falls		DATE OF BIRTH (month, day, year): September 1, 1893
HOSPITAL OR OTHER INSTITUTION - NAME: Highland Care Center		COUNTY OF DEATH: Klamath
STATE OF BIRTH (if not in U.S.): Idaho		IF HOSP OR INST. Indicate DOA, OP, Emer. Rm. (Inpatient (specify))
CITIZEN OF WHAT COUNTRY: U.S.A.		7c Inpatient
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed		8d Homer Roberts
SOCIAL SECURITY NUMBER: 540-54-3805		12 No
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker		KIND OF BUSINESS OR INDUSTRY
RESIDENCE - STATE: Oregon COUNTY: Klamath CITY, TOWN OR LOCATION: Bonanza		14b Own Home
STREET AND NUMBER OR R.F.D.: Rt. 1, Box 136 ZIP: 97623		Inside City Limits (specify yes or no): No
FATHER - NAME first middle last: James W. Wain		15a No
MOTHER - first middle last: Mabra Lucinda Withrow		
16 Howery Roberts, son		INFORMANT - NAME and relationship to deceased
BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial		18 Bonanza, Oregon
CEMETERY OR CREMATORY - NAME: Lost River Cemetery		LOCATION city or town state
FUNERAL SERVICE LICENSEE or person acting as such (Signature): <i>[Signature]</i>		19c Bonanza, Oregon
NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.		
To be Completed by CERTIFYING PHYSICIAN Only		
21a (Signature): <i>[Signature]</i> M.D.		DATE SIGNED (Mo., Day, Year): 10-27-86
21b NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Raymond Tice, M.D., Medical Dentl. Bld., Klamath Falls, Ore.		HOUR OF DEATH: 5:50 P.
21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):		21c M
21d		
DATE RECEIVED BY REGISTRAR (Mo., Day, Year): October 27, 1986		REGISTRAR
22a (Signature): <i>[Signature]</i>		22b (Signature): <i>[Signature]</i>
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))		
(a) Senility		Interval between onset and death: 5 days
(b) Arterio-sclerotic heart disease		Interval between onset and death:
(c)		Interval between onset and death:
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		AUTOPSY (Specify Yes or No): No
DATE OF INJURY (Mo., Day, Year):		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No
HOUR OF INJURY:		
DESCRIBE HOW INJURY OCCURRED:		
INJURY AT WORK (Specify Yes or No):		
PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):		
LOCATION: STREET OR R.F.D. NO. CITY OR TOWN STATE		
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 *[Signature]* Deputy Registrar
Date **October 27, 1986**
VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ day
of _____ October _____ A.D., 19 **86** at **9:52** o'clock **A** M., and duly recorded in Vol. **M26**,
of _____ Deeds _____ on Page **19660**

FEE \$5.00

Evelyn Biehn, County Clerk
By *[Signature]*