

CERTIFICATE OF DEATH

Local File Number 13		State File Number	
DECEASED—NAME 1. WILLIAM EARL CUNNINGHAM		DATE OF DEATH (month, day, year) 2. January 11, 1970	
RACE White, Negro, American Indian, etc. (specify) 3. White		AGE—last birthday (years) 4. Male 5a. 64 Under 1 Year mos. days Under 1 Day hours min.	
COUNTY OF DEATH 7a. Klamath		CITY, TOWN, OR LOCATION OF DEATH 7b. Klamath Falls Inside City Limits (specify yes or no) 7c. Yes	
STATE OF BIRTH (if not in U.S.A., name of country) 8. Oregon		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7d. 2150 Darrow Street	
CITIZEN OF WHAT COUNTRY 9. U.S.A.		NAME OF SPOUSE 11. Mildred Cunningham	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Married		KIND OF BUSINESS OR INDUSTRY 13b. Self	
SOCIAL SECURITY NUMBER 12. 540 34 0847		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. Farmer	
RESIDENCE—STATE 14a. Oregon		CITY, TOWN, OR LOCATION 14b. Klamath Falls Inside City Limits (specify yes or no) 14d. Yes	
FATHER—NAME first middle last 15. Thomas Morton Cunningham		MOTHER—Maiden Name first middle last 16. Mary — Oldfield	
INFORMANT—NAME and relationship to deceased 17. Wayne Cunningham (Son)		STREET AND NUMBER OR RFD 14c. 2150 Darrow Street	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		approximate interval between onset and death	
18. Immediate Cause (a) Gunshot wound of head due to, or as a consequence of: (b) Immediate due to, or as a consequence of: (c) Immediate due to, or as a consequence of:			
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)		AUTOPSY (yes or no) 19a. No IF YES were findings considered in determining cause of death. 19b.	
DATE OF INJURY (month, day, year) 20a. Jan. 11, 1970		HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18) 20b. About 3:20 PM 20c. Self-inflicted gunshot wound of head	
INJURY AT WORK (specify yes or no) 20d. No		PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20e. Home LOCATION (street or R.F.D. No., city or town, county, state) 20f. 2150 Darrow Street, Klamath Falls, Oregon	
CERTIFICATION—MEDICAL INVESTIGATOR: I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about: DEATH OCCURRED (hour) ABOUT 3:20 P.M. THE DECEDENT WAS PRONOUNCED DEAD month January day 11 year 1970 hour 3:20 FROM: Natural Causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> 21a. 3:20 P.M. 21b. January 11, 1970 21c. Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending <input type="checkbox"/> CERTIFIER—SIGNATURE 22a. Neil F. Black M.D. 22b. Neil F. Black M.D. MEDICAL INVESTIGATOR: FOR: Klamath COUNTY 13 Jan 1970 23. 13 Jan 1970			
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Klamath Memorial Park LOCATION city or town state 24c. Klamath Falls, Oregon DATE (month, day, year) 24d. Jan. 14, 1970	
FUNERAL DIRECTOR—SIGNATURE 25a. Marian M. Morrison		FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b. Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601	
REGISTRAR—SIGNATURE 26a. Marian M. Morrison		DATE RECEIVED BY LOCAL REGISTRAR 26b. JAN 13 1970 DATE RECEIVED BY STATE REGISTRAR 27. JAN 26 1970	

STATE OF OREGON
County of Multnomah

DATE ISSUED **FEB 27 1970**

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 Statistics Section of the Oregon State Board of Health and in my official care and custody.

STATE REGISTRAR

Return to:
Mildred Bergen
7014 Keller Ct.
Klamath Falls, Or. 97603

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the **21st** day
of **January** A.D., 19 **87** at **11:35** o'clock **A.M.**, and duly recorded in Vol. **M87**,
of **Deeds** on Page **1039**.

FEE \$5.00

Evelyn Biehn, County Clerk
By **Marian M. Morrison**