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ID TAG NO.

46

Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit
CERTIFICATE OF DEATHVol. M87 Page 1711

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION,
SEE HANDBOOK
REGARDING
COMPLETION OF
CERTIFICATE ITEMS

POSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

1 DECEASED - NAME First Middle Last ENOS EDGAR BLAND			2 DATE OF DEATH (month, day, year) January 27, 1987		
3 RACE White, Black, American Indian, etc. (specify) White			4 SEX Male		5a AGE - Last birthday (years) 83
6 DATE OF BIRTH (month, day, year) March 10, 1903			7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., inpatient (specify)		
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls			7b HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number) 4305 Freida Street		
8 STATE OF BIRTH (if not in U.S.A., name country) Oklahoma			9 CITIZEN OF WHAT COUNTRY U.S.A.		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
11 SPOUSE (if married, widowed) Laurena			12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) No		
13 SOCIAL SECURITY NUMBER 540 - 16 - 8070			14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ditch Rider - Retired		
14b KIND OF BUSINESS OR INDUSTRY Irrigation District			15a RESIDENCE - STATE Oregon		
15b COUNTY Klamath			15c CITY, TOWN OR LOCATION Klamath Falls		
15d STREET AND NUMBER OR R.F.D. 4305 Freida			15e ZIP 97603		
16 FATHER - NAME first middle last Charlie Bland			17 MOTHER - first middle last (Maiden Name) Emma Bailey		
18 INFORMANT - NAME and relationship to deceased Faye Bland / Wife			19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		
19b CEMETERY OR CREMATORY - NAME Klamath Memorial Park			19c LOCATION city or town state Klamath Falls, Or.		
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature) <i>James K. Bland</i>			20b NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Ore. - 97601		
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated <i>Kenneth K. Magee</i>			21b DATE SIGNED (Mo., Day, Year) 1-28-87		
21c HOUR OF DEATH 4:00 P M			21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Kenneth K. Magee, MD / 1900 Main St. / Klamath Falls, Oregon 97601		
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		
22b REGISTRAR <i>Kenneth K. Magee</i>			23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) Cardio-Respiratory Arrest		
24 INTERVAL BETWEEN ONSET AND DEATH minutes			25 INTERVAL BETWEEN ONSET AND DEATH years		
26a ACCIDENT (Specify Yes or No) No			26b DATE OF INJURY (Mo., Day, Year)		
26c HOUR OF INJURY M			26d DESCRIBE HOW INJURY OCCURRED		
26e INJURY AT WORK (Specify Yes or No) No			26f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) At home		
26g LOCATION 4305 Freida			26h STREET OR R.F.D. NO. 4305		
26i CITY OR TOWN Klamath Falls			26j STATE Oregon		
27 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES			28 WAS GIFT MADE? YES		
29 RESERVED FOR REGISTRAR'S USE			30		

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 6-86

STATE OF OREGON
COUNTY OF KLAMATHThis 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 *Marian Ackerman*, Deputy RegistrarDate January 30, 1987VOID 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 3rd day
of February A.D., 19 87 at 2:50 o'clock P M., and duly recorded in Vol. M87,
of Deeds on Page 1711.

FEE \$5.00

Evelyn Biehn, County Clerk
By *Evelyn Biehn*

Ret: Faye Bland 4305 Freida, Klamath Falls, Oregon 97603