

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
HOSPITAL
SEE HANDBOOK
REGARDING
COMPLETION OF
INCIDENT ITEM.

DISPOSITION

1
2
3

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

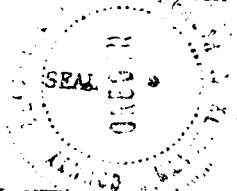
1
2
3

DECEASED - NAME Michael		Last FOLEY		State File Number	
RACE: White, Black, American Indian, etc. White		SEX Male		DATE OF DEATH (month, day, year) March 18, 1987	
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION - NAME 76 Rt 5 Box 1100		DATE OF BIRTH (month, day, year) December 12, 1905	
STATE OF BIRTH (if not in U.S.A., name country) Ireland		CITIZEN OF WHAT COUNTRY U.S.A.		COUNTY OF DEATH Klamath	
SOCIAL SECURITY NUMBER 543-18-6678		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		SPOUSE (IF MARRIED, WIDOWED) Vivian Colvin	
RESIDENCE - STATE Oregon		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ranch Foreman		KIND OF BUSINESS OR INDUSTRY Agriculture	
FATHER - NAME Simon		MOTHER - first middle last Mary - Linehan		INFORMANT - NAME and relationship to deceased Vivian N. Foley, wife	
BURNING, CREMATION, REMOVAL, MAUSOLEUM, etc. Cremation/burial		CEMETERY OR CREMATORY - NAME Butler Cemetery		LOCATION Klamath Falls, Or/Aumsville	
FUNERAL SERVICE LICENSEE or person acting as such (Signature) William J. Davenport		NAME AND ADDRESS OF FACILITY 6420 South Sixth Street, Klamath Falls, Oregon 97603-7191		DATE SIGNED (Mo., Day, Year) March 18, 1987	
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon		HOUR OF DEATH 1:30		A.M.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		ZIP 97601			
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) March 14, 1987		REGISTRAR William E. Cravens			
IMMEDIATE CAUSE Respiratory failure		INTERVAL BETWEEN ONSET AND DEATH 10 minutes			
DUE TO OR AS A CONSEQUENCE OF Severe asthmatic bronchitis		INTERVAL BETWEEN ONSET AND DEATH 20 years			
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not stated as cause given in PART I (a) Rheumatoid arthritis - lifetime		INTERVAL BETWEEN ONSET AND DEATH			
ACCIDENT (Specify Yes or No) NO		DATE OF INJURY (Mo., Day, Year) NO		HOUR OF INJURY NO	
INJURY AT WORK (Specify Yes or No) NO		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) NO		DESCRIBE HOW INJURY OCCURRED NO	
HORIZONTAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT NO		STREET OR R.F.D. NO NO		CITY OR TOWN NO	
STATE NO		STREET OR R.F.D. NO NO		CITY OR TOWN NO	
STATE NO		STREET OR R.F.D. NO NO		CITY OR TOWN NO	

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 **William E. Cravens**, Deputy Registrar

Date **March 18, 1987**

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 **March** A.D. 19 **87** at **11:44** o'clock **A.M.** and duly recorded in Vol. **M87** day of **Deeds** on Page **4715**

FEE \$5.00

Ret: Vivian Foley Rt. 5, Box 1100, Klamath Falls, Oregon 97601

Evelyn Biehn, County Clerk