73033

Vol M87 Page

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

CERTIFICATE OF DEATH

State File Number

ID THIS NO. 140
Local File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEASED — NAME: First: Henry; Middle: W.; Last: MOORE
2. DATE OF DEATH (month, day, year): March 28, 1987
3. RACE (Specify White, Black, American Indian, Asian, etc.): White
4. SEX: Male
5. AGE — Last birthday (years): 83; Under 1 year: mos. 5b, days; Under 1 day: hours 5c, min
6. DATE OF BIRTH (month, day, year): November 22, 1903
7. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7a. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Mtn. View Care Center
7c. IF HOSP OR INST. Indicate DOA, OP/Emer. Rm. Inpatient (specify): Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OR FOREIGN COUNTRY: U.S.A.
9. SOCIAL SECURITY NUMBER
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Frieda A. Kortum
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Dispatcher
13b. KIND OF BUSINESS OR INDUSTRY: Electric Company
13c. RESIDENCE — COUNTY: Klamath
13d. CITY, TOWN OR LOCATION: Klamath Falls
13e. STREET AND NUMBER OR R.F.D.: 2649 Altamont Drive
13f. ZIP: 97603
13g. Inside City Limits (specify yes or no): No
14. FATHER — NAME: First: [illegible]e; Middle: [illegible]; Last: Moore
15. MOTHER — NAME: First: Frieda; Middle: —; Last (Maiden Name): Verdieck
16. INFORMANT — NAME and relationship to deceased: Frieda A. Moore, wife
17. DISPOSITION — CEMETERY OR CREMATORY — NAME: Klamath Memorial Park
18. LOCATION — city or town, state: Klamath Falls, Oregon 97603
19a. NAME AND ADDRESS OF F. DIRECTOR: Davenport's Chapel of the Good Shepherd, 420 South Sixth Street, Klamath Falls, Oregon 97603-7194
19b. DATE SIGNED (Mo. Day, Year): March 30, 1987
19c. HOUR OF DEATH: 12:30 AM
20. [illegible] M. Ackerman, MD, 905 Main Street, Klamath Falls, Oregon ZIP 97601
21. [illegible]
22. PART I (a) [illegible]
Interval between onset and death: 3 days
(b) [illegible]
Interval between onset and death: 6 mo
(c) [illegible]
Interval between onset and death:
PART II
23. AUTOPSY (Specify Yes or No): No
24. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No
25. [illegible] INJURY OCCURRED
LOCATION — STREET OR R.F.D. NO. CITY OR TOWN STATE
WAS GIFT MADE? NO NA

[illegible] NAL—VITAL STATISTICS COPY

40-2 Rev. 8-86

[illegible] OREGON
[illegible] KLAMATH

[illegible] foregoing is a correct and complete transcript of a record [illegible] Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By [illegible], Deputy Registrar

Date March 3, 1987

[illegible] VOID IF ALTERED

[illegible] OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

[illegible] A. M. and duly recorded in Vol. M87 the 3rd day
[illegible] on Page 5520
[illegible] Sharon Biehn, County Clerk
By [illegible]
[illegible] Klamath Falls, Oregon 97603