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ID TAG NO.

266

Local File Number

STATE OF OREGON
DEPARTMENT OF HEALTH SERVICES
Vital Records Unit
CERTIFICATE OF DEATH
ORS - 146

Vol. M87

Page 13108

TYPE OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

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

DISPOSITION

CERTIFIER

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

1 DECEASED - NAME First Middle Last CARL ALFRED FODGE		2 DATE OF DEATH (month, day, year) July 11, 1987	
3 RACE (Specify) White		4 SEX Male	
5 AGE - Last birthday (years) 65		6 DATE OF BIRTH (month, day, year) July 10, 1922	
7a Klamath Falls STATE OF BIRTH (If not in U.S., name country)		7b 337 1/2 E. Main / Apt. # 1 CITY, TOWN OR LOCATION OF DEATH	
8 West Virginia SOCIAL SECURITY NUMBER		9 U.S.A. CITIZEN OF WHAT COUNTRY	
10 287-12-5609 RESIDENCE - STATE		11 Oregon COUNTY	
12a Oregon FATHER - NAME		12b Klamath CITY, TOWN OR LOCATION	
13 Henry Fodge BUTLER, CREMATION, REMOVAL, MAUS. (Specify)		14a Millwright - Retired USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
15a Burial FUNERAL SERVICE LICENSEE or person acting as such (Signature)		15b Klamath Falls CEMETERY OR CREMATORY - NAME	
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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 Michelle B. Bittell, Deputy Registrar
Date JUL 20 1987
VOID IF ALTEREDSTATE OF OREGON: COUNTY OF KLAMATH: ss.
Filed for record at request of Dorothy Baldwin
of July A.D. 19 87 at 4:19 o'clock P.M. and duly recorded in Vol. M87 day
of Deeds
Return: Dorothy Baldwin
By Evelyn Biehn, County Clerk
1125 East Street, Klamath Falls, Ore. 97601

FEE \$5.00