

TYPE
1 PRINT
IN
BLACK
INK
FOR
AUCTIONS
SEE
BOOK

56611

230

Vital Records Unit

Local File Number

State File Number

IDENT
DEATH
OCCURRED IN
SITUATION
WASBOOK
WASBOOK
SECTION OF
NOE ITEMS

SITUATION

TRIAL

NOTATIONS
IF ANY
CH GAVE
USE TO
MEDIATE
CAUSE
TING THE
RELYING
ISH LAST

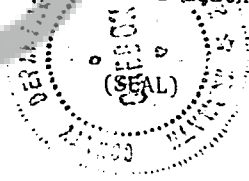
SE OF
ATH

DECEASED—NAME First MIDDLE Last KENNETH LYLE WALLIN		DATE OF DEATH (month, day, year) JUN 25, 1983	
1 RACE White, Black, American Indian, etc. (specify) White	2 SEX Male	3 AGE—Last birthday (years) 57	4 Under 1 year Under 1 day Under 1 hour Under 1 min
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		6 DATE OF BIRTH (month, day, year) May 23, 1926	
7a Klamath Falls STATE OF BIRTH (if not in U.S., name country)		7b West Medical Center HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)	
8 Nebraska CITIZEN OF WHAT COUNTRY		9 U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
10 Married		11 Ruby Wallin SPOUSE (IF MARRIED, WIDOWED)	
12 Yes WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)		13 725-05-7546 SOCIAL SECURITY NUMBER	
14a Maintenance Supervisor USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		14b Klamath Irrigation Dist. KIND OF BUSINESS OR INDUSTRY	
15a Oregon RESIDENCE—STATE		15b Klamath COUNTY	
15c Klamath Falls CITY, TOWN, OR LOCATION		15d 9525 Hill Rd. STREET AND NUMBER OR R.F.D., ZIP 97601	
15e No INSIDE CITY LIMITS (specify yes or no)		16 Prince Wallin FATHER—NAME first middle last	
17 Anna C. Busky MOTHER—Maiden Name first middle last		18 Ruby Wallin - Wife INFORMANT—NAME and relationship to decedent	
19a Burial BURIAL, CREMATION, REMOVAL, MAUS. (specify)		19b Mt. Laki Cemetery CEMETERY OR CREMATORY—NAME	
20a Jim Lancaster FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		20b Ward's - 1945 Main St. - Klamath Falls, Oregon NAME AND ADDRESS OF FACILITY	
21a (Signature) [Signature] NAME AND ADDRESS OF CERTIFIER (Type or Print)		21b 06-27-83 DATE SIGNED (Mo., Day, Yr.)	
21c 2:35 A.M. HOUR OF DEATH		21d Blake D. Berven 2616 Clover NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
21e DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		22a JUN 29 1983 REGISTRAR	
22b [Signature] MARIAN ACKERMAN NAME AND ADDRESS OF REGISTRAR		23 IMMEDIATE CAUSE PART I (a) acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF (b) recent intracranial hemorrhage DUE TO, OR AS A CONSEQUENCE OF (c) ASHIC INTERVAL BETWEEN ONSET AND DEATH 15 MIN 3 HRS 5 HRS	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24 No ACCIDENT (Specify Yes or No)		25 No WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
26a No INJURY AT WORK (Specify Yes or No)		26b No DATE OF INJURY (Mo., Day, Yr.)	
26c No HOUR OF INJURY		26d No DESCRIBE HOW INJURY OCCURRED	
26e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		26f LOCATION	
26g STREET OR R.F.D. NO.		26h CITY OR TOWN	
26i STATE		26j RESERVED FOR REGISTRAR'S USE	

HS-2 (Rev. 1/80)

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 [Signature] Deputy Registrar

Date JUN 29 1983

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Carol Mattos the 20th day of Jan. A.D., 19 93 at 11:45 o'clock AM., and duly recorded in Vol. M93 of Deeds on Page 1467.

FEE \$10.00

Return: Carol Mattos

4411 Summers Ln, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk

By [Signature]