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WHEN CERTIFIED IN PURPLE INK THIS IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN THE OFFICE OF THE PLACER COUNTY RECORDER.

Mary Ann Hulse, County Recorder
By G. Verissimo deputy

VOL 15 PAGE 610

BK 1973 PG 0191

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

3100 191

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

Field	Entry
1a. Name of deceased—First name	Rosalind
1b. Middle name	Irene
1c. Last name	Willard
2a. Date of death—Month, day, year	3-15-1973
2b. Hour	2:30 P.M.
3. Sex	Female
4. Color or race	Cauc.
5. Birthplace (State or foreign country)	Texas
6. Date of birth	9-16-1908
7. Age (last birthday)	64 years
8. Name and birthplace of father	Johnson Proffitt, Texas
9. Maiden name and birthplace of mother	Lelia Wilmuth, Texas
10. Citizen of what country	U.S.A.
11. Social security number	541-36-8981
12. Married, never married, widowed, divorced (specify)	Married
13. Name of surviving spouse (if wife, enter maiden name)	Read W. Willard
14. Last occupation	Housewife
15. Number of years in this occupation	44
16. Name of last employing company or firm	Home
17. Kind of industry or business	Home

PLACE OF DEATH

Field	Entry
18a. Place of death—Name of hospital or other in-patient facility	Roseville Convalescent Hospital
18b. Street address	1161 Cirby Way
18c. Inside city corporate limits	Yes
18d. City or town	Roseville
18e. County	Placer
18f. Length of stay in county of death	4 weeks
18g. Length of stay in California	4 weeks

USUAL RESIDENCE

Field	Entry
19a. Usual residence—Street address	315 Grant
19b. Inside city corporate limits	Yes
19c. City or town	Klamath Falls
19d. County	Klamath
19e. State	Oregon
20. Name and mailing address of informant	Mr. Read W. Willard, 315 Grant, Klamath Falls, Oregon

PHYSICIAN'S OR CORONER'S CERTIFICATION

Field	Entry
21b. Physician—attended decedent from / to / last saw alive	3-11-73 / 3-15-73 / 3-15-73
21c. Physician or coroner—signature and degree or title	Louis E. Jones MD
21d. Date signed	3-15-73
21e. Address	107 Main St Roseville
21f. Physician's license number	A11C4867

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
22a. Specify burial, entombment or cremation	Burial-Removal
22b. Date	3-16-73
23. Name of cemetery or crematory	Eternal Hill Cemetery, Klamath Falls, Oregon
24. Embalmer—signature / license number	Reynold H. Scudder / 4429
25. Name of funeral director (or person acting as such)	Lambert Funeral Home
26. Not embalmed	No
27. Local registrar—signature	Gordon B. Sack M. D. (by)
28. Date accepted for registration by local registrar	3-16-73

MEDICAL AND HEALTH DATA — CAUSE OF DEATH

29. Part I. Death was caused by: (Enter only one cause per line for A, B, and C)

	Cause	Approximate interval between onset and death
Immediate cause (A)	Broncho Pneumonia	3 days
Due to, or as a consequence of (B)	Ch. Brain Syndrome	years
Due to, or as a consequence of (C)		

Conditions, if any, which gave rise to the immediate cause (A), stating the underlying cause last.

30. Part II. Other significant conditions—

31. Operation	32a. Autopsy	32b.
No	No	No

INJURY INFORMATION

33. Specify accident, suicide or homicide
34. Place of injury
35. Injury at work
36a. Date of injury
36b. Hour
37a. Place of injury
37b. Distance from place of injury to place of death
38.
39.
40. Describe how injury occurred

STATE REGISTRAR

A. B. C. D. E. F.

UPON RECORDING, RETURN TO:
ANDREA WOLFORD RUST
222 East Main Street
Klamath Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 11th day of June A.D., 19 93 at 3:31 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 13740.

Evelyn Biehn County Clerk
By Darlene Mullendore

FEE $10.00