

## STATE OF CALIFORNIA

## DEPARTMENT OF HEALTH SERVICES

200 MAY 12 PM 2:07

Vol MOO Page 17364

## CERTIFICATE OF DEATH

39119021240

STATE OF CALIFORNIA  
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY, YR		2B. HOUR	3. SEX
		Robert		Bruce	Moir	MAY 16, 1991		1548	male
DECEDENT PERSONAL DATA	4. RACE	5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR		7. AGE IN YEARS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	
	White				February 20, 1921		70		
	8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH	
	Canada	U.S.A	John Moir		Canada	Jean Meacham		Canada	
USUAL RESIDENCE	12. MILITARY SERVICE? 19 TO 19 NONE		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)		
			385-28-4103		Divorced		None		
	16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED
	Machine Operator		Manufacturing		Jones and Roy		50		10
PLACE OF DEATH	18A. RESIDENCE—STREET AND NUMBER OR LOCATION				18B. CITY		18C. ZIP CODE		
	201 E. Arrow Highway Space#73				Glendora		91740		
	18D. COUNTY		18E. NUMBER OF YEARS OF STATE OR FOREIGN COUNTRY IN THIS COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT				
	Los Angeles		32 California		Marsha A. Leonard - Daughter 5311 Balsam Dr. Klamath Falls, OR. 97601				
CAUSE OF DEATH	19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER		
	Residence				Los Angeles		YES 91-4458 NO		
	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		TIME INTERVAL BETWEEN ONSET AND DEATH		23. WAS BIOPSY PERFORMED?		
	201 E. Arrow H'way #73 Glendora						YES NO		
PHYSICIAN'S CERTIFICA- TION	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)				24. WAS AUTOPSY PERFORMED?		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?		
	IMMEDIATE CAUSE (A) Arteriosclerotic Cardiovascular Disease				YES NO		YES NO		
	DUE TO (B)				YES NO		YES NO		
	DUE TO (C)				YES NO		YES NO		
CORONER'S USE ONLY	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21				26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.				
	none				no				
	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.				27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED
	27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR				DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.				28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED		
	29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined				30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY MONTH, DAY, YEAR
	Natural						YES NO		
	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)				33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
STATE REGISTRAR	34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO. DAY, YEAR		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER
	CR/RES		Residence: 5311 Balsam Dr. Klamath Falls, OR 97601		5/21/91		Not embalmed		none
	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE		
	Oakdale Mortuary		1127		Robert C. Rabe		MAY 20 1991		
A.		B.	C.	D.	E.	F.	CENSUS TRACT		

VS-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

0497-3-7X25

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Kenneth W. Kizer, MD, MPH, Director and State Registrar of Vital Statistics

by: David W. MitchellDAVID MITCHELL, CHIEF  
OFFICE OF STATE REGISTRAR

DATE ISSUED

AUG 2 1991

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This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

17365

State of Oregon, County of Klamath  
Recorded 05/12/00, at 2:07 p. m.  
In Vol. M00 Page 17364  
**Linda Smith,**  
County Clerk Fee \$ 26<sup>00</sup>