

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

200 MAY 12 PH 2: 07

Vol_M00_Page_17364

			TE OF DEATH	391	19021240
	STATE FILE NUMBER		DF CALIFORNIA LACK INK ONLY	LOCAL BECIES	TRATUM DISTRICT AND CERTIFICATE AND CERTIFICATE
	1A. NAME OF DECEDENT-FIRST	1 B. MIDDLE	1C. LAST (FAMILY)		
DECEDENT PERSONAL DATA	Robert	Bruce	Moir		1 KB/ IEIR
	4. RACE	5. HISPANICSPECIFY	6. DATE OF BIRTH-I	MO, DAY, YR 7. AGE IN	
	White		K No February 20	, 1921 70	
	8. STATE OF 9. CITIZEN OF WHAT	10A FULL NAME OF FATH	ER 108, STATE	OF 11A. FULL MAIDEN	
	Canada U.S.A	John Moir	Canada	Tean Meach	=
		. SOCIAL SECURITY NO.	14. MARITAL STATUS		
		20E 20 (102	Y.	The .	
	19 TC 19 X NONE	38 5-28-4103	Divorced	None	
	16A. USUAL OCCUPATION	168. USUAL KIND OF BUSINESS	16C. UBUAL EMPLOYER	16D, YMARS IN OCCUPATIO	17. EDUCATION-YEARS COMPLETE
	Machine Operator	Manufacturing	Jones and Roy		10
	18A. RESIDENCE-STREET AND NUMBE	R OR LOCATION	MENDED	188. CITY	18C. ZIP CODE
USUAL RESIDENCE	001 7 4 9 7	A		\$2X	i 01740
	201 E. Arrow Highwa		OF A		
	18D. COUNTY	18E, NUMBER OF TEA	RSOFSE STATE OR FOREIGN CO	OUNTRY 20. NAME, REL	ATIONSHIP, MAILING ADDRESS
	Los Angeles	IN THIS COUNTY	California	Marsha	A. Leonard - Daughte
	19A. PLACE OF DEATH	198. IF HOSPITAL, SP	BCIFY 19C. COUNTY		
PLACE	10	ONE: IP, ER/OP,	DOA		
OF	19D. STREET ADDRESS—STREET AN	D NUMBER OF LOCATION 19E.	LOSAWyeles		
DEATH		. ـ ا ۱۸۰۰	to the second se		22 WAS DEATH REPORTED TO CORONER?
	201E. AYTEW	H'WHY #75 61	ew dora-	AND DEATH	YES 91 - 4 458 NO
	21. DEATH WAS CAUSED BY: (EN	ER ONLY ONE CAUSE PER LINE	FOR A, B, AND C)	1.20	23. WAS BIOPSY PERFORMED?
CAUSE	IMMEDIATE (Auto	wrote Carderse	In Discourse		· · 门
	CAUSE (A)	CIOUS CAPICACIANCE		- June	DAY YR 7. AGE IN YEAR IF UNDER 2 HOURS 1921 70 11A. FULL MAIDEN NAME OF MOTHER 11B. STATE OF BIRTH 11A. FULL MAIDEN NAME OF MOTHER 11B. STATE OF BIRTH 11B. STATE OF BIRTH
OF		No. in			
DEATH	DUE TO (B)				YES YES YO
			51 m		248. WAS IT USED IN DETERMINING CAUSE
	DUE TO (C)	wind made by		" > ! ∮ '	
	25. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT REL	ATED TO CAUSE GIVEN IN 21 26	PETWEEN ONSET AND DEATH 23. WAS BIOPSY PERFORMED? YES NO 24A, WAS AUTOPSY PERFORMED? YES NO 24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? YES, UST TYPE OF OPERATION AND DATE. CERTIFIER 27C. CERTIFIER'S LICENSE NUMBER 27D. DATE SIGNED	
	nou.			IF YES, LIST TYPE OF OP	
			1 9		
PHYSI- CIAN'S CERTIFICA- TION	I CERTIFY THAT TO THE BEST OF MY KN OCCURRED AT THE HOUR, DATE AND PL	OWLEDGE DEATH 278. SIGNAT	URE AND DEGREE OR TITLE OF C	CERTIFIER 27C. CERTIF	ER'S LICENSE NUMBER 27D. DATE SIGNED
	CAUSES STATED.	36. All 4. All 4. All 1. All 1			1
	27A. DECEDENT ATTENDED SINCE DECE MONTH, DAY, YEAR	ONTH, DAY, YEAR 27E, TYPE	ATTENDING PHYSICIAN'S NAM	ME AND ADDRESS	
				A	
	I CERTIFY THAT IN MY OPINION DEATH	OCCURRED AT 28A SIGNAT	TURE AND TITLE OF CORONER OR	DENITY COOKER	Loop Dies Source
CORONER'S USE ONLY	THE HOUR, DATE AND PLACE STATED F	ROM THE CAUSES	THE CORONER OF	DEPOT CORONER	200. DATE SIGNED
	STATED.	was	unt acceptus	Left. COTONA	5-19-91
	29. MANNER OF DEATH—specify one nature suicide, homicide, pending investigation or could not	al, acrident, 30A PLACE OF INJUR	Y	30B. INJURY AT WOR	
	N'Atural			YES NO	
	32. LOCATION (STREET AND NUMBER OF	LOCATION AND CITY)	33. DESCRIB	E HOW INJURY OCCURRE	D (EVENTS WHICH RESULTED IN INJURY)
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION(S) 34B. PLACE O		PRESS 34C. DATE	Tank 0	
	Resider	F FINAL DISPOSITION—NAME AND ATTICE: 5311 Balsam	Dr. Mo. D	AY, YEAR	
	CR/RES Klamath	Falls, OR 97601	5/21/9	1 Not e	mbalmed none
	36A. NAME OF FUNERAL DIRECTOR (OR P	ERSON ACTING AS SUCH) 36B. LICI	ENSE NO. 37. SENATURE O	F LOCAL REGISTRAD	38 REGISTRATION DAT
	Oakdale Mortuary 1127 Maker C. Makey MAY 2 0 1991				
	A. B.	C. D.			CENSUS TRACT
STATE REGISTRAR	C. P.	6. 6.	ļ - -	"	CENSOS IRACI
			·		
/S-11 (REV. 1-9	0)	MAKE NO ERASURES, WHI	TEOUTS, OR OTHER ALTERAT	ions	041-3-725

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

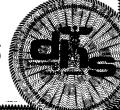
Kenneth W. Kizer, MD, MPH, Director and State Registrar of Vital Statistics

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

DATE ISSUED

AUG 2 1991
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State of Oregon, County of Klamath Recorded 05/12/00, at <u>2:07 p</u> m. In Vol. M00 Page <u>/73 64</u> Linda Smith, County Clerk Fee\$ <u>26</u>