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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 15 — STATE FILE NO. — DATE RECEIVED

1a. NAME OF DECEASED (Type or print) — First: Ervin — Middle: Phillip — Last: Pool

2. (USUAL) RESIDENCE (If institution, give residence before admission) — A. STATE: Oregon — B. COUNTY: Klamath — C. CITY, TOWN OR LOCATION: Klamath Falls — D. STREET ADDRESS, RURAL ROUTE, ETC.: 210 Pendling

3a. PLACE OF DEATH: A. COUNTY: Klamath — B. CITY, TOWN OR LOCATION: Klamath Falls — C. LENGTH OF STAY IN 2a: 10 yrs — D. NAME OF HOSPITAL OR INSTITUTION: Lakeside Hospital

4. DATE OF DEATH: Jan. 8 1963 — 5. SEX: Male — 6. COLOR OR RACE: White — 7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married

8. SOCIAL SECURITY NO.: 542-38-9280 — 9. USUAL OCCUPATION: Retired — 10. KIND OF BUSINESS OR INDUSTRY — 11. NAME OF SPOUSE: Jennie Pool

12. DATE OF BIRTH: May 19 1883 — 13. AGE LAST BIRTHDAY: 79 yrs — IF UNDER 1 YEAR: Months — IF UNDER 24 HOURS: Hours, Minutes

14. BIRTHPLACE: Medford, Oregon — 15. WAS DECEASED A CITIZEN OF: [X] U.S. [ ] Foreign Country — 16. IF DECEASED WAS A VETERAN, WHAT WAR? No — 17. NAME OF FATHER: Emanuel J. Pool — 18. MAIDEN NAME OF MOTHER: Sarah B. Faith — 19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Lucille Vieira, daughter

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (a), (b), AND (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Cerebral vascular accident — Interval Between Onset and Death: 2 weeks
Conditions, if any, which gave rise to above cause, stating the underlying cause last: DUE TO (b): — DUE TO (c):
PART II. Other significant conditions contributing to death but not related to the terminal disease or condition given in Part I (a).

21. If deceased was female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown — 22. Was an Autopsy performed? [ ] Yes [X] No

23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide — 24. IF ACCIDENT, SUICIDE OR HOMICIDE: [ ] Occurred At Work [ ] Occurred Not At Work — 25A. PLACE OF INJURY (Home, Farm, Factory, Street, etc.) — 25B. City or Town — County — State

26. TIME OF INJURY: Hour ____ M. — Month, Day, Year — 27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I attended the deceased from 1/8/63 to 12-22-62 and last saw ... alive on 1105 PM Jan 10, 1963
► Everett B. Howard, M.D., 613 Medical Dental Bldg., Klamath Falls, Oregon (Signature) (Title) (Address) (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30a. DISPOSITION: [X] Burial [ ] Cremation [ ] Removal [ ] Other — 30b. DATE: 1/12/63 — 30c. NAME OF CREMATORY OR CEMETERY: Linkville Cem — 30d. LOCATION (City or Town, State): Klamath Falls, Ore

31. DATE RECEIVED BY LOCAL REGISTRAR: 1-10-63 — 32. REGISTRAR'S SIGNATURE: ► Marian Ackerman — 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ► Keith O'Hair Klamath Falls, Ore Box 374

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.

S. M. Kerron, M.D.
Registrar Vital Statistics
By ____ Deputy
Date January 11, 1963

VS-16 2/56 — VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss

Filed for record at request of:
L. A. Giacomini
on this 7 day of March A. D. 1963
at 9:00 o'clock A M. and duly recorded in Vol. M63 of Deeds
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CHAS. F. DE LAP, County Clerk
By Betty Hill Deputy

Fee $1.50