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STATE FILE NUMBER 99750

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 3801 5224

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST	1b. MIDDLE	1c. LAST
James	Abrah	Mc Clain

2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
July 10, 1965	3:00 A.M.

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Male	Caue.	Penna.	Aug. 22, 1903	61 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER
David McClain-Penna.	Florence Haynie-Penna.	U.S.A.	210/01/0616

12. LAST OCCUPATION	13. NUMBER OF YEARS IN THIS OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM	15. KIND OF INDUSTRY OR BUSINESS
Loco. Engr	19	Southern Pacific Co.	Railroad

16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	18a. NAME OF PRESENT SPOUSE	18b. PRESENT OR LAST OCCUPATION OF SPOUSE
Never	Married	Lida Elkins McClain	HOUSEWIFE

PLACE OF DEATH

19a. PLACE OF DEATH—NAME OF HOSPITAL	19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)		
Southern Pacific Mem'l. Hosp.	1400 Fell St.	☐ INSIDE CITY CORPORATE LIMITS	☐ OUTSIDE CITY CORPORATE LIMITS

19c. CITY OR TOWN	19d. COUNTY	19e. LENGTH OF STAY IN COUNTY OF DEATH	19f. LENGTH OF STAY IN CALIFORNIA
San Francisco	San Francisco	16 days YEARS	16 days YEARS

LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE?—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)	20b. IF INSIDE CITY CORPORATE LIMITS (CHECK HERE)	IF OUTSIDE CITY CORPORATE LIMITS (CHECK ONE: ☐ ON A FARM ☐ NOT ON A FARM)	21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)
9417 Onyx Ave.			

20c. CITY OR TOWN	20d. COUNTY	20e. STATE	21b. ADDRESS OF INFORMANT
Klamath Falls	Klamath	Ore.	

PHYSICIAN'S OR CORONER'S CERTIFICATION

22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 6/28/65 TO 7/8/65 AND THAT I LAST SAW THE DECEASED ALIVE ON

22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN _____ INVESTIGATION (AUTOPSY / INQUEST) ON THE REMAINS OF DECEASED AS REQUIRED BY LAW

22c. PHYSICIAN OR CORONER—SIGNATURE (DEGREE OR TITLE): William H. Davis M.D.

22d. ADDRESS: William H. Davis, 1400 Fell, San Francisco

22e. DATE SIGNED: 7/10/65

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23. SPECIFY BURIAL, CREMATION OR OTHER DISPOSITION	24. DATE
Removal	7/10/65

25. NAME OF CEMETERY OR CREMATORY	26. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER
Klamath Falls	Roger Williams 2773

27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR	29. LOCAL REGISTRAR—SIGNATURE
O'Hairs Memorial Chapel	JUL 11 1965	Ellis D. Sox

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CAUSE OF DEATH

30. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (A): Circulatory collapse — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1½ hrs

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

DUE TO (B): Congestive Heart failure — 1½ yrs

DUE TO (C): — 434.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Bronchopneumonia 6

OPERATION AND AUTOPSY

31. OPERATION—CHECK ONE	32. DATE OF OPERATION	33. AUTOPSY—CHECK ONE
☐ NO OPERATION PERFORMED ☐ OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		☐ NO AUTOPSY PERFORMED ☒ AUTOPSY PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ AUTOPSY PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

INJURY INFORMATION

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34b. DESCRIBE HOW INJURY OCCURRED

35a. TIME OF INJURY (HOUR / MONTH / DAY / YEAR)	35b. INJURY OCCURRED	35c. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)	35d. CITY, TOWN OR LOCATION / COUNTY / STATE
	☐ WHILE AT WORK ☐ NOT WHILE AT WORK		

Rev. 11-65 Form VS-11

MEDICAL AND HEALTH DATA

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

NO. _____

DATED: JULY 19, 1965

SAN FRANCISCO, CALIFORNIA

Ellis D. Sox

ELLIS D. SOX, M.D.
DIRECTOR OF PUBLIC HEALTH AND
LOCAL REGISTRAR

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STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Lyda McClain

this 16 day of August A. D. 19 12:20 o'clock P M., and

duly recorded in Vol. M-65, of Deeds on Page 1000

Fee 1.50

DOROTHY ROGERS, County Clerk

By Laverne M. Kaufman