CERTIFIED COPY 1258 2939

OREGON STATE BOARD OF HEALTH Vol. M65 Page
VITAL STATISTICS SECTION

Oregon State Board of Health

Certificate of Death

State Registered No. 42
Local Registered No. 1 (over)

1. PLACE OF DEATH
County Klamath 39 State Oregon
Township ... or Village ... or
City Klamath Falls No. 2118 Eberlein Street St., Ward
Length of residence in city or town where death occurred 7 yrs. mos. ds. (If death occurred in a hospital or institution, give its name instead of street number) How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Monroe Felt 430
(a) Residence: No. 2118 Eberlein Streetst, Klamath Falls, Oregon 39
(Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Felt
7. DATE OF BIRTH (month, day and year) March 9, 1878

8. AGE Years	Months	Days	If less than 1 day, hrs. or min.
59	11	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done as silk mill, sawmill, bank, etc. Peace Officer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delano - Minnesota

MOTHER
13. NAME No Record
14. BIRTHPLACE (city or town) (State or country) No Record
15. MAIDEN NAME No Record

FATHER
16. BIRTHPLACE (city or town) (State or country) No Record

17. INFORMANT Wally Felt
(Address) 2118 Eberlein St.
18. BURIAL, CREMATION-OR-REMOVAL Date 3/2/38 19
Klamath Cemetery
19. UNDERTAKER Earl Whitlock
(Address) Klamath Falls
19. Filed 3/2/38 19 Neil Blanck M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 38 Feb. 27, 1938 to Feb. 27, 1938 that I last saw h alive on Feb. 27, 1938 death is said to have occurred on the date stated above, at 10:40 P. M. App
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
a Coronary Occlusion (348)	2/27/38

Contributory causes of importance not related to principal cause:

Name of operation ... Date of ...
What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. E. Adams M.D.
(Address) Klamath Falls, Ore.

VOID IF ALTERED OR ERASED — NOT PREPARED ON SECURITY PAPER — NOT AN EXACT COPY

STATE OF OREGON)
County of Multnomah) ss

DATE ISSUED OCT 13 1965

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

By Direction of
RICHARD H. WILCOX, M.D.
State Health Officer

Miriam R. Martin
STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Oregon Title Ins. Co.
this 19 day of October A.D. 19 65 at 3:42 o'clock PM., and
duly recorded in Vol. M-65, of Deeds on Page 2939

Fee 1.50

DOROTHY ROGERS, County Clerk
By Norma M. Knutson

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