

1286
OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

Vol. 2975

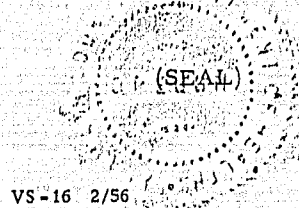
CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 64		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) First MIDDLE LAST HELEN GRACE WRAY		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
2. PLACE OF DEATH A. COUNTY Klamath B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION Klamath Falls C. LENGTH OF STAY IN 2B 44 years D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Klamath Valley Hospital		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls D. STREET ADDRESS, RURAL ROUTE, ETC. 218 Lincoln	
4. DATE OF DEATH Month Day Year March 12 1965		5. SEX Female	6. COLOR OR RACE White
8. SOCIAL SECURITY NO.		9. USUAL OCCUPATION (Kind of work done during most of life) Housewife	10. KIND OF BUSINESS OR INDUSTRY At home
12. DATE OF BIRTH Month Day Year May 25 1901		13. AGE LAST BIRTHDAY Yrs. 63	11. NAME OF SPOUSE
14. BIRTHPLACE (State or Foreign Country) Chippewa Falls, Wisconsin		15. WAS DECEASED A CITIZEN OF U. S. ☒ Foreign Country	16. IF DECEASED WAS A VETERAN, WHAT WAR?
17. NAME OF FATHER Thomas H. Allen		18. MAIDEN NAME OF MOTHER Wilhelmina Hiser	19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Ellsworth Allen (Brother)
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Chronic lymphocytic leukemia Interval Between Onset and Death (Years, days, hours, etc.) 1 year Conditions, if any, which gave rise to above cause (B): stating the underlying cause last: 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 ☒ No			
23. WAS DEATH RESULT OF ☐ Accident ☐ Suicide ☐ Homicide		24. IF ACCIDENT, DID INJURY OCCUR ☐ At Work ☐ Not At Work	25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.) 25B. City County State
26. TIME OF INJURY Hour Month Day Year P. M.		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE I certify that I attended the deceased from or on 8-11-61 to March 12 '65 and that the death occurred at 2:15p m. from the cause and on the date stated above. William G. Holford, Jr., M.D. Klamath Falls, Oregon 3/13/65 (Signature) (Title) (Address) (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ Other		30B. DATE 3/15/65	30C. NAME OF CREMATORY OR CEMETERY Klamath Memorial Park
31. DATE RECEIVED BY LOCAL REGISTRAR 3-15-65		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wm P. Kendall		Klamath Falls, Oregon	

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 Marian Ackerman
Deputy
Date March 15, 1965

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, COUNTY OF KLAMATH; ss.

Filed for record at request of E. V. Allen
this 20th day of October 1965 at 3:01 o'clock PM, and
duly recorded in Vol. M-65, of Deeds Page 2975
By DOROTHY ROGERS, County Clerk
By Solomon Lewis