1286

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

Vol. ____ Page 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: HELEN; Middle: GRACE; Last: WRAY

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 2B: 44 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Klamath Valley Hospital

3. USUAL RESIDENCE (If Institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 218 Lincoln

4. DATE OF DEATH: Month: March; Day: 12; Year: 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARITAL STATUS: ☐ Married ☐ Widowed ☒ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.:

9. USUAL OCCUPATION (Kind of work done during most of life): Housewife

10. KIND OF BUSINESS OR INDUSTRY: At home

11. NAME OF SPOUSE: ---

12. DATE OF BIRTH: Month: May; Day: 25; Year: 1901

13. AGE LAST BIRTHDAY: 63 Yrs.
IF UNDER 1 YEAR: Months: ; Days:
IF UNDER 24 HOURS: Hours: ; Minutes:

14. BIRTHPLACE (State or Foreign Country): Chippewa Falls, Wisconsin

15. WAS DECEASED A CITIZEN OF ☒ U. S. ☐ Foreign Country — Name of 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)

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): Chronic lymphocytic leukemia — Interval Between Onset and Death (Years, days, hours, etc.): 1 year
Conditions, if any, which gave rise to above cause (a), 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 ☒ 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: ..... a. m. ..... p. m.; Month; Day; Year

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (attended) (last saw alive) the deceased from or on 8-11-61 (date) to March 12 '65 and that the death occurred at 2:35p m. from the causes and on the date stated above.
William G. Holford, Jr., M.D. (Signature) — Klamath Falls, Oregon (Address) — 3/13/65 (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
30D. LOCATION (City or Town) State: Klamath Falls, Oregon

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.

(SEAL)

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 65 at 3:01 o'clock P M., and
duly recorded in Vol. M-65, of Deeds Page 2975
DOROTHY ROGERS, County Clerk
By Dolores Davis