4451

# OREGON STATE BOARD OF HEALTH
## VITAL STATISTICS SECTION

Vol. M-66 Page 1863

# CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 319

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First DONOVAN; Middle LEE; Last DODSON

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 29: 17 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.: 718 Jefferson Street

4. DATE OF DEATH: Month November; Day 16; Year 1964
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 331-07-1162
9. USUAL OCCUPATION (Kind of work done during most of life): Conductor
10. KIND OF BUSINESS OR INDUSTRY: S.P.Railroad
11. NAME OF SPOUSE: Ethel Dodson
12. DATE OF BIRTH: Month September; Day 1; Year 1915
13. AGE LAST BIRTHDAY: Yrs. 49; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Aledo, Illinois
15. WAS DECEASED A CITIZEN OF: [X] U. S. [ ] Foreign Country, Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR: No
17. NAME OF FATHER: Earl Dodson
18. MAIDEN NAME OF MOTHER: Gladys Crappnel
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Ethel Dodson Wife

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 Hemorrhage — Interval Between Onset and Death (Years, days, hours, etc.): 10 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): Cerebral Aneurysm — 1 year
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; ..... a. m. ..... p. m.
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: I certify that I (attended) (last saw) the deceased from or on October 1963 (date) to Nov. 16-1964 (date) and that the death occurred 11:30p m. from the causes and on the date stated above.
> R. H. Engelcke, M.D. (Signature) — Klamath Falls, Oregon (Address) — 11/17/64 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 11/19/64
30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills Mem.Gar.
30D. LOCATION (City or Town), State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 11-18-64
32. REGISTRAR'S SIGNATURE: > Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: > W. W. Ward 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 November 19, 1964

VS-16 2/56

**VOID IF ALTERED**

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ethel Dodson

this 7 day of March A.D. 1966 at 11:30 o'clock A.M., and duly recorded in Vol. M-66, of Deeds on Page 1863

DOROTHY ROGERS, County Clerk

Fee $1.50

By Janet Neer

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