5045 Vol. M-66 Page 2727

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First: Carrie; Middle: –; Last: Rush

2. PLACE OF DEATH
- A. COUNTY: Multnomah
- B. CITY, TOWN OR LOCATION: Portland
- C. LENGTH OF STAY IN 2B: 2 mo.
- D. NAME OF HOSPITAL OR INSTITUTION: St. Vincents Hospital

3. USUAL RESIDENCE
- A. STATE: Oregon
- B. COUNTY: Klamath
- C. CITY, TOWN OR LOCATION: Klamath Falls — X
- D. STREET ADDRESS, RURAL ROUTE, ETC.: 2050 Auburn

4. DATE OF DEATH: Feb. 27 1966
5. SEX: Female
6. COLOR OR RACE: Cau.
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: --
9. USUAL OCCUPATION: Housewife
10. KIND OF BUSINESS OR INDUSTRY: ---
11. NAME OF SPOUSE: Harold Rush
12. DATE OF BIRTH: Aug. 7 1910
13. AGE LAST BIRTHDAY (Yrs.): 55 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE: New Brunswick, Canada
15. WAS DECEASED A CITIZEN OF: ☒ U.S. ☐ Foreign Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?: No
17. NAME OF FATHER: Ellis F. Berryman
18. MAIDEN NAME OF MOTHER: Luella J. Lane
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Harold Rush — spouse

MEDICAL CERTIFICATION

20. CAUSE OF DEATH
- PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Bronchopneumonia — Interval between onset and death: 5 days
- DUE TO (B): Ca of [illegible] intestine to Bowel — 9 Mo
- DUE TO (C): [illegible] — 3 weeks
- PART II: Other significant conditions contributing to death but not related to the terminal disease or condition given in Part I (a): [illegible]

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. DID INJURY OCCUR: ☐ At Work ☐ Not At Work
25A. PLACE OF INJURY — 25B. City, County, State
26. TIME OF INJURY: Hour, Month, Day, Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATION: I certify that I attended the deceased from 4-20-64 to 2/27/66 and that the death occurred at 1:27 AM on the date and due to the causes and on the date stated above.
(Signature) [illegible] MD — (Address) 1216 S.W. Yamhill — (Date Signed) 3/22/66

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed
30B. DATE: 3/1/66
30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills Mem. Gds.
30D. LOCATION (City or Town, State): Klamath Falls, Ore

31. DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1966
32. REGISTRAR'S SIGNATURE: [signature] MD
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [signature] — O'Hair's Mem. Chapel, Klamath Falls, Ore

THIS IS A VALID COPY ONLY WHEN BEARING THE SIGNATURE OF THE REGISTRAR (VOID IF ALTERED) — AN OFFICIAL CERTIFIED COPY

STATE OF OREGON)
) ss
County of Multnomah)

This is to certify that the foregoing is a reproduction of the original record which was filed in the Vital Statistics Section in the City of Portland, Bureau of Health.

(SEAL)

[signature] M.D.
Registrar of Vital Statistics

By Mrs. Katherine P. Cook

Date MAR 23 1966

Return Proctor & Puckett 518 Main K.F.

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Proctor & Puckett

this 29 day of March A.D. 1966 at 2:50 o'clock P.M., and

duly recorded in Vol. M-66, of Deeds on Page 2727

Fee $1.50 30

DOROTHY ROGERS, County Clerk

By Jane Hewer