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OREGON STATE BOARD OF HEALTH — VOL. M-66 Page 3746

VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 101 — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First Lewis — Middle Emery — Last Bay

2. PLACE OF DEATH — A. COUNTY: Klamath — B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Malin — C. LENGTH OF STAY IN 2B: 25 yrs — D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Residence

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): Malin — D. STREET ADDRESS, RURAL ROUTE, ETC.: Star Tr., Box 7

4. DATE OF DEATH: Month March — Day 26 — Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married

8. SOCIAL SECURITY NO.: ---

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

10. KIND OF BUSINESS OR INDUSTRY: ---

11. NAME OF SPOUSE: Claira Estella Bay

12. DATE OF BIRTH: Month April — Day 24 — Year 1883

13. AGE LAST BIRTHDAY: Yrs. 79 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HOURS: Hours — Minutes

14. BIRTHPLACE (State or Foreign Country): Salem, Missouri

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: Green W. Bay

18. MAIDEN NAME OF MOTHER: Elvira ---

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Claira Bay, widow

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: hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (B): Arteriosclerosis — year
DUE TO (C): Influenza — 2 weeks

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 [X] 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 the deceased from March 11, 1963 to March 20, 1963 and that the death occurred at 6:30a m. from the causes and on the date stated above.

► I. Spomer, M.D. (Signature) — Tulelake, Calif. (Address) — 3-26-63 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other — 30B. DATE: 3/29/63 — 30C. NAME OF CREMATORY OR CEMETERY: Malin Cemetery — 30D. LOCATION (City or Town) State: Malin, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 3-28-63 — 32. REGISTRAR'S SIGNATURE: ► Marian Ackerman — 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ► Keith O'Hair Box 374 Klamath Falls

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 28, 1963

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss:

Filed for record at request of Claira Estella Bay

this 27 day of April 66 11:41 o'clock A.M., and

duly recorded in Vol. M-66, of Deeds on Page 3746

Fee $1.50

DOROTHY ROGERS, County Clerk

By Jane Mason

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