5956

OREGON STATE BOARD OF HEALTH VOIC M-66 Page 4022

VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

OCAL REGISTRAR'S		STATE FILE				
UMBER 138	Pirat	DATE RECEI	VED	- Last		
NAME OF DECEASED (Type or print all entries in black ink) DR.	MERLE	HARRIS		SWAN		
2. PLACE OF DEATH		3. USUAL RESIDENC		B. COUN	ITY Klama	th
A. COUNTY Klamath B. CITY, TOWN, (If outside corporate limits, so specify)	C. LENGTH OF	c city, town (f outside corporat	e limits, so spec	rify)	
LOCATION Viamoth Ealis	STAY IN 2B	LOCATION	K1ama	th Fall		
D. NAME OF HOSPITAL (If not in hospital on Presbyterian Institution Intercommun	give street address)	D. STREET ADDRE	ss. rural f			
4. DATE OF Month Day	117 HOSDITAL Year 8. SEX	6. COLOR OR R		7. MARITA	Midowed	
April 15 19	66 Male	White		Divorce		rried
Kind of we	occupation ork done during most of life)	10. KIND OF BUSINESS OR INDUSTRY Self		Mildre	d Swanser	n
12. DATE OF Month Day	Year 13. AGE LAS		Days	Hours	UNDER 24 HOUF	RS Unutes
January 23 1	908 58	ASED A CITIZEN OF	16. IF D	ECEASED W	AS A VETERAN	· · · · · · · · · · · · · · · · · · ·
14. BIRTHPLACE (State or Foreign Country) Klamath Falls, Oregon	U. S.		_ WH/	MANT'S NAME	W.W. #	
17. NAME OF FATHER	18. MAIDEN N	AME OF MOTHER	RELA	red Swa	ECKABED	fe)
James Edward Swansen		bel Halvorsen) MIIG	LCG SWA	Interval Between Or (Years, days, he	uset and Death
20. CAUSE OF DEATH (ENTER ONLY ONE PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):	Coronary Oc	clusion	· ·		13 days	
Conditions, if any,) DUE TO (B):	Congestive	Failure			2 month	IS
Conditions, if any.) DUE TO (B): which gave rise to) above cause (sk.) jaing cause last.) DUE TO (C): jing cause last.) PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part 1 (sk.) 23. WAS DEATH NESULT OF 24. IF AC OCCU		. Woort Diseas	p		20 yrs.	
FART II: Other Significant Conditions	Hypertensiv	2 Heart Discas	1. If decrased w	as Female, was the past 12 mon	there at 22. Was	s an Autopsy furnied?
contributing to Death but not related to the terminal disease or condition given in Part I (a):			Yes	No U	County Yes	State
23. WAS DEATH RESULT OF CCCU	Such	A. PLACE OF (NJURY as Parm, Home, Forest, etc.)	238.			
Accident Suicide Homicide At Wo		, DESCRIBE HOW INJU	RY OCCURR	ED.		
INJURY a. m.			nril 6	1966		
28. CERTIFICATE: Continue that I (attended)				- Z.M.M.,		
A /1 C /LL	(itely by the first of the both both	necurred at 9: 30a m. from	dat dat the causes and	e) on the date sta	ited above.	
4/15/66	and that the death	K1amath	Falls.		4/16	/66 a signed)
4/15/66 John D. Merryman, (tilgnatur)	M.D.	DECUTTED BE AVE. TO THE LAND	Falls.	Oregon	4/16	/66 a Bigned)
4/15/66 John D. Merryman.	M.D.	Klamath	Falls,	Oregon	4/16 _{(Dat}	a Signed)
4/15/66 John D. Merryman, (signature) 29. RESERVED FOR REGISTRAR'S USE 30A. DECEASED WILL SE 30B. C	M.D. Dark soc.	Klamath (TILIP)	Falls,	Oregon	4/16/(Date of Town) State	a Signed)
4/15/66 John D. Merryman, (signature) 29. RESERVED FOR REGISTRAR'S USE 30A. DECEASED WILL BE Burled Committed Removed Other 4	and that the death M.D. DAYK 300. /18/66 K12	Klamath	Falls, ETERY 300, LC Park K. FOR'S SIGNATURE	Oregon Address) CATION (CILY) LAMATH I	4/16, (Date of Town) States	egon
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