OREGON STATE BOARD OF HEALTH VIEW M-66 Pages 5055
VITAL STATISTICS SECTION

## CERTIFIED COPY OF DEATH RECORD

NUMBER 92			STATE FILE N					
1. NAME OF DECEASED	it.	DATE RECEIV	ED	Last	Last			
(Type or print all entries in black ink)	<b>T</b>	3. USUAL RESIDENCE	at to disting the	DAVIDSON				
A. COUNTY	LENGTH OF	A. STATE Ores	on	B. COUNTY Kismat	: <u>h</u>			
B. CITY, TOWN, (If outside OR limits, so LOCATION Klamat	STAY IN 2B	C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls						
D. NAME OF HOSPITAL OR Presbyte	tif not in hospital, give	street addressi	D. STREET ADDRESS, RURAL ROUTE, ETC.					
4. DATE OF Month	Hospital	B. SEX	6. COLOR OR RA	Biehn Stre	MARITAL STATUS			
DEATH March	16 1966	Ma1e	White	1	Married Widowed Divorced Never Married			
8. SOCIAL SECURITY NO.	OCIAL SECURITY NO. 9. USUAL OCCUPATION (kind of work done during most of life)			1	11. NAME OF SPOUSE Alois Davidson			
162-09-4108 12. DATE OF Month	TEOF Month Day Year 13. AGE LA			R 1 YEAR	1F UNDER 24 HOURS			
віятн <b>Гертиалу</b>	14 1905	61	Yrs. Months					
14. BIRTHPLACE (State or Fo		15. WAS DECEA U. S.  Foreign Country	SED A CITIZEN OF	WHAT W	ASED WAS A VETERAN. VAR?			
17. NAME OF FATHER	A TOP TO THE TOP TO TH				T'S NAME AND	DECEABED		
No record	No record No rec			Alois Da	Interval Between Onse	Interval Between Onset and Death		
PART I: DEATH WAS	CALICED DV.		sufficiency		(Years, days, hour	s. etc.)		
which gave rise to )		ocardial in	farction		6 days			
U lying cause last ) BCL		ronary occ1	usion	If theorem was to	6 days	Autopsy		
PART II: Other Significant contributing to Death but no the terminal disease or con	t Conditions of related to	•	21.	If deceased was Fer pregnancy in the p; Yes No	male, was there a 22. Was at perform Unknown Yes	red?		
in Part I (a):	24. IF ACCIDENT	. DID INJURY 25A.	PLACE OF INJURY Farm, Home, Forest, etc.)	258. City		State		
		Not At Work	DESCRIBE HOW INJURY					
26. TIME OF Hour		Year 27.	DESCRIBE HOW INJURY	OCCORRED.				
28. CERTIFICATE:	see I consens that	Afift fifty fift in	deceased from or on 9	larch 196	6 to			
16	March 1966	and that the death oc	curred at 82.558 m. from th	ie causes and on th	n date stated above.	•68		
> Neil Black	Z M.D.							
		- DESTRUCTION OF THE STATE OF T	(Title)	alls, Ore	gon 17 Mar	gned)		
29. RESERVED FOR REGIS			(Title)	Alls, Ore	Coate 5	gned)		
		JDG, NAI	(Title)		DA (City or Yown) State	gned)		
30A. DECEASED WILL BE	JOB, DATE	66 Klama	(Ma)	HY 30D. LOCATIO	on (City or Youn) State ath Falls. Oreg			
29. RESERVED FOR REGIS	308, DATE 308, DATE 3/18/	66 Klama	AE OF CREMATORY OR CEMETE  1th Memorial Pa	HY 300. LOCATION IN KIAM	on (City or Youn) State ath Falls. Oreg			
30A DECEASED WILL BE Burled Cronated Removed 31. DATE RECEIVED BY 3	308. DATE 308. DATE 3/18/ 3/18/ 2. REGISTRAR'S SI MARIAN A	66 Klama	th Memorial Pa  33. FUNERAL DIRECTOR	HY 300. LOCATION IN KIAM	on (City or Town) State ath Falls, Oreg			
29. RESERVED FOR REGIS  JOA DECEASED WILL BE  Burled Cromated Removed  31. DATE RECEIVED BY 3  LOCAL REGISTRAR  3-18-66	308. DATE 308. DATE 3/18/ 3/18/ 2. REGISTRAR'S SI MARIAN A	66 Klama	th Memorial Pa  33. FUNERAL DIRECTOR	HY 300. LOCATION IN KIAM	on (City or Town) State ath Falls, Oreg			
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