

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 92		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) First Middle Last ALBERT DAVIDSON		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
2. PLACE OF DEATH A. COUNTY Klamath B. CITY, TOWN, OR LOCATION Klamath Falls C. LENGTH OF STAY IN 2B 11 years		C. CITY, TOWN, OR LOCATION Klamath Falls D. STREET ADDRESS, RURAL ROUTE, ETC. 2335 Rich Street	
4. DATE OF DEATH Month Day Year March 16 1966		5. SEX Male 6. COLOR OR RACE White	
8. SOCIAL SECURITY NO. 162-09-4108 9. USUAL OCCUPATION (Kind of work done during most of life) Millwright		10. KIND OF BUSINESS OR INDUSTRY Saw mill 11. NAME OF SPOUSE Alois Davidson	
12. DATE OF BIRTH Month Day Year February 14 1905		13. AGE LAST BIRTHDAY Yes Months Days 61	
14. BIRTHPLACE (State or Foreign Country) Bridgeport, Connecticut		15. WAS DECEASED A CITIZEN OF U.S. Foreign Country Name of Country No record	
17. NAME OF FATHER No record		18. MAIDEN NAME OF MOTHER No record	
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Alois Davidson (Wife)		16. IF DECEASED WAS A VETERAN, WHAT WAR? No	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Myocardial insufficiency Interval Between Onset and Death (Years, days, hours, etc.) 1 day DUE TO (B): Myocardial infarction 6 days DUE TO (C): Coronary occlusion 6 days 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 Other 24. IF ACCIDENT, DID INJURY OCCUR At Work Not At Work 25. PLACE OF INJURY (Such as Farm, Home, Forest, etc.) 26. TIME OF INJURY A. M. P. M. 27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE: I certify that I attended the deceased from on or on 9 March 1966 to 16 March 1966, and that the death occurred at 8:55a m. from the cause and on the date stated above. > Neil Black, M.D. Klamath Falls, Oregon 17 Mar '66 (Signature) (Title) (Address) (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE Buried Cremated Homeless Other 30B. DATE 3/18/66 30C. NAME OF CREMATORY OR CEMETERY Klamath Memorial Park 30D. LOCATION (City or Town) Klamath Falls, Oregon 31. DATE RECEIVED BY 32. REGISTRAR'S SIGNATURE 3-18-66 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 March 23, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; 631

Filed for record at request of Albert Davidson
his 11 day of May 1966 11:00 o'clock A.M., and
July recorded in Vol. M-66, of Deeds on Page 5055

Fee \$1.50

By Jane Nease
County Clerk