

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 161		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)		First Middle Last Ethel Mae Hilton	
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (If Institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
B. CITY, TOWN, OR LOCATION Klamath Falls		C. CITY, TOWN, OR LOCATION Klamath Falls	
C. LENGTH OF STAY IN 28 yrs		D. STREET ADDRESS, RURAL ROUTE, ETC. 435 Hillside	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Presby. Inter. Hospital			
4. DATE OF DEATH Month Day Year May 3, 1966	5. SEX Female	6. COLOR OR RACE Cau.	7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married
8. SOCIAL SECURITY NO.	9. USUAL OCCUPATION (Kind of work done during most of life) Homemaker	10. KIND OF BUSINESS OR INDUSTRY	11. NAME OF SPOUSE J.M. Hilton
12. DATE OF BIRTH Month Day Year May 5 1903	13. AGE LAST BIRTHDAY Yrs. 62	14. BIRTHPLACE (State or Foreign Country) Minnesota	
15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country		16. IF DECEASED WAS A VETERAN, WHAT WAR? No	
17. NAME OF FATHER Olson		18. MAIDEN NAME OF MOTHER No record	
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED J. M. Hilton, husband			
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 (Years, days, hours, etc.) 28 hrs	
Conditions, if any, which gave rise to above cause (B), stating the underlying cause last: DUE TO (B): Hypertension and arteriosclerosis		not known	
DUE TO (C):			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work	
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		25B. City County State	
26. TIME OF INJURY Hour : P. M.		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE I certify that I attended the deceased from or on 5-2-66 to 5/3/66 and that the death occurred at 3:45PM from the causes and on the date stated above. R. W. Espersen, M.D. 921 Main Klamath Falls, Ore 5-5-66 (Signature) (Title) (Address) (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE 5/5/66	
30C. NAME OF CREMATORY OR CEMETERY Klamath Mem. Park		30D. LOCATION (City or Town) State Klamath Falls, Oregon	
31. DATE RECEIVED BY LOCAL REGISTRAR 5-5-66		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mike O'Hair 515 Pine, 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 May 9, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Canong, Canong & Gordon

this 12 day of May 1966 at 8:42 A.

duly recorded in Vol. M-66, of Deeds on Page 5106

Fee \$1.50

DOROTHY ROGERS, County Clerk

By Jane Miller