ELS

OREGON STATE BOARD OF HEALTH V.M.66 v. 5188
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

CAL REGISTRAR'S MBER 137			FILE NO.		
IAME OF DECEASED First Crime or petics at III PAUL		DATE RECEIVED Middle RAMON		KINCAID	
PLACE OF DEATH		3. USUAL RESID	ENCE Of Institution		ro admitssion)
B. CITY, TOWN, iff outside corporate OR limits, so specify	C. LENGTH OF	C. CITY, TOW		rate limits, so specify)	14.4.11.11.11.4.1
D. NAME OF HOSPITAL (If not in hospital, gl	22 Years	D. STREET AD	Klamat DRESS, RURAL	ROUTE, ETC.	
or institution 2745 Hope Stre	et		Hope Stre	et	TATUS
DATE OF North Day Yes	6 Male	Whit	e	7 MARITAL S Married Divorced	[] Never Married
558-05-5042 9. USUAL OCC (Kind of work	CUPATION during most of life)	Pac. NO. WE	st Bell	Mamie I	Cincaid
2. DATE OF Month Day Year BIRTH March 13 190	8 58	Yrs. Mor		Hours !	DER 24 HOURS
4. BIRTHPLACE (State or Foreign Country) Williams, Oregon	15 WAS DECEA	SED A CITIZEN OF		DECEASED WAS AT WAR?	A VETERAN.
7. NAME OF FATHER James C. Kincaid		N NAME OF MOTHER HEL		SHANT'S NAME AND ATIONSHIP TO DECEASED WIFE)	
20. CAUSE OF DEATH (ENTER ONLY ONE CAL	ISE PER LINE IN (A), (B), AND (C).	1,10,10,21	Inter	val Between Onset and Do Years, days, hours, etc.)
PART I: DEATH WAS CAUSED BY: LA	our phenmon:	Act, Ale			lays
Conditions, if any,) DUE TO (B): which gave rise to) above cause (a), stating the under-) DUE TO (C):					
lying cause last) DOE 10 (C):			21. If deceased w	vas Female, was there the past 12 months?	a 22. Was an Autopay
contributing to Death but not related to the terminal disease or condition given in Part 1 (a):	NY DID IN HEY 25A.	PLACE OF INJURY	i	No Unknow	
Accident Suicide Homicide At Work	Not At Work	Farm, Home, Forest, etc.)			
26. TIME OF Hour Month ib INJURY a. m.	ay: Year .27.	DESCRIBE HOW IN	JURY OCCURR	ED.	
28. CERTIFICATE: Cortify that I (differed) (inve	stigated the death of) the	8:30a_	April 14,	1966	to
J. Martin Adams, M.I	. Asst. Med	d. Inv. Kla	math Palls	. Oregon	4-18-66
9. RESERVED FOR REGISTRAR'S USE			(.	Address)	(Date Signed)
A DECEASED WILL BE 308, DATE 4-18- Tried Cremated Removed Other	66 Ash	me or chematory on cland Cremator 33. Funeral Dirich Nam P. Kg	ECTER PATRONAL	CATION (City or Town	(Date Signed) n) State regon eral Home
A DECEASED WILL BE Living Cremated Removed Other 1. DATE RECEIVED BY 32. REGISTRAR'S ALTERAGE GISTRAR Marian A	66 Ash	ME OF CREMATORY OR C land Cremato	ECTER PATRONAL	cation (City or Tow Ashland, O:	(Date Signed) n) State regon eral Home
TATE OF OREGON	66 Ash	ME OF CREMATORY OR C land Cremato	ECTER PATRONAL	cation (City or Tow Ashland, O:	(Date Signed) n) State regon eral Home
TATE OF OREGON County of Klamath	66 Ash.	SS. FUNERAL DIR. With P. Ke	ory / colored SAK ndall K	cation (City or Town Ashland, O: Tamath Fall	n) State regon eral Home ls, Oregon
DA. DECEASED WILL BE SOS. DATE WILL COMMITTEE	signature ckerman	SS. FUNERAL DIR. With P. Ke	ory / Acceptance of the complete	cation (City or Town Ashland, O: Tamath Fall	n) State regon eral Home ls, Oregon
TATE OF OREGON County of Klamath This certifies that the forested with services of the county of the county of the certifies that the forested with services of the certifies with services of the certifies that the certifies the certifies the certifies the certifies with services of the certifies the	signature ckerman	S3. FUNERAL DIR. WM P. Ke	d complete	cation (City or Town Ashland, O: Indian Tunion Company)	n) Ntate regon eral Home is, Oregon pt of a reco- of Heal
A OECEASED WILL BE 100 DATE A-18- Tried Cremited Removed Other 4-18- 1. DATE RECEIVED BY 32. REGISTRAR'S ATE OF OREGON COUNTY Of Klamati This certifies that the foldeath on file with the	signature ckerman	S3. FUNERAL DIR. WM P. Ke	d complete	cation (City or Town Ashland, O: Tamath Fall	n) Ntate regon eral Home is, Oregon pt of a reco- of Heal
A DECEASED WILL BE 1009. DATE FIND COUNTY OF COUNTY OF COUNTY OF This certifies that the form	signature ckerman	S3. FUNERAL DIR. WM P. Ke	d complete	cation (City or Town Ashland, O: Inhib the Ting Lamath Fall) e transcri	n) Ntate regon eral Home is, Oregon pt of a reco- of Heal
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A DECEASED WILL BE 309. DAYE 4-18- The commission Removed Other 4-18- DATE RECEIVED BY 32. REGISTRAR'S Marian NATE OF OREGON County of Klamath This certifies that the foldeath on file with the	signature ckerman	By Dep	d complete	cation (City or Town Ashland, Or Table 11 and the Fall of the Control of the Cont	n) Nate regon eral Home is, Oregon pt of a reco of Heal , M.D. atistics
A DECEASED WILL BE 108. DAYE Fried Cremated Removed Other 4-18- 1. DATE RECEIVED BY 32. REGISTRAR'S Marian / FATE OF OREGON County of Klamath This certifies that the fordeath on file with the (SEAL)	signature ackerman regoing is a Klamati	By Dep	d complete artment	cation (City or Town Ashland, Or Table 11 and the Fall of the Control of the Cont	n) Nate regon eral Home is, Oregon pt of a reco of Heal , M.D. atistics
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