

6213
OREGON STATE BOARD OF HEALTH Vol. 46 5188
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 137		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)		First Middle Last PAUL RAMON KINCAID	
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, (If outside corporate limits, so specify) OR LOCATION Klamath Falls		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2745 Hope Street		D. STREET ADDRESS, RURAL ROUTE, ETC. 2745 Hope Street	
4. DATE OF DEATH Month Day Year April 14 1966	5. SEX Male	6. COLOR OR RACE White	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. 558-05-5042	9. USUAL OCCUPATION (Kind of work done during most of life) Deskman	10. KIND OF BUSINESS (If industry, give name) Pac. No. West Bell	11. NAME OF SPOUSE Mamie Kincaid
12. DATE OF BIRTH Month Day Year March 13 1908	13. AGE LAST BIRTHDAY Yrs. Months Days 58	14. BIRTHPLACE (State or Foreign Country) Williams, Oregon	
15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country		16. IF DECEASED WAS A VETERAN, WHAT WAR?	
17. NAME OF FATHER James C. Kincaid		18. MAIDEN NAME OF MOTHER Mary Howell	
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Mamie Kincaid (Wife)		20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: Lobar pneumonia, rt. IMMEDIATE CAUSE (A): Conditions, if any, which gave rise to above cause (B), stating the underlying cause last) DUE TO (B): DUE TO (C):	
21. If deceased was female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> Other		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 Minute P. M.		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE: I certify that I (undersigned) (Investigated the death of) the deceased from, or on, April 14, 1966 to 8:30a (date) and that the death occurred at 8:30a m. from the cause and on the date stated above. J. Martin Adams, M.D. Asst. Med. Inv. Klamath Falls, Oregon 4-18-66 (Signature) (Title) (Address) (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input type="checkbox"/> Buried <input checked="" type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE 4-18-66	
30C. NAME OF CREMATORY OR CEMETERY Ashland Crematory		30D. LOCATION (City or Town) State Ashland, Oregon	
31. DATE RECEIVED BY REGISTRAR 4-18-66		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S NAME AND ADDRESS Wm P. Kendall Klamath Falls, Oregon		34. FUNERAL HOME 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 April 19, 1966

VS-16 2/55

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of OREGON TITLE COMPANY OF KLAMATH COUNTY

this 13 day of May 66 3:47 P.M., and
duly recorded in Vol. 46, 5188

County Clerk

By J. S. Seward

Fee 1.50 pd