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OREGON STATE BOARD OF HEALTH *M-66* *Page 6938*
VITAL STATISTICS SECTION

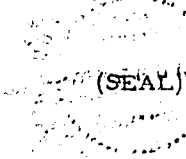
CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 177		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)			
First Elmer		Middle Leroy	Last Bleak
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	
C. LENGTH OF STAY IN 2B 32 yrs.		D. STREET ADDRESS, RURAL ROUTE, ETC. 5308 Altamont	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Pres. Intercomm. Hosp			
4. DATE OF DEATH Month May Day 17 Year 1966	5. SEX Male	6. COLOR OR RACE Caucasian	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. Retired	9. USUAL OCCUPATION (Kind of work done during most of life) Retired	10. KIND OF BUSINESS OR INDUSTRY News Paper	11. NAME OF SPOUSE Ethel Bleak
12. DATE OF BIRTH Month May Day 9 Year 1905	13. AGE LAST BIRTHDAY Yrs. 61	14. IF UNDER 24 HOURS Hours 10 Minutes 00	
14. BIRTHPLACE (State or Foreign Country) Rigby, Idaho		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 Moroni Bleak	
18. MAIDEN NAME OF MOTHER Rose Young		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Erwin Bleak, son	
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 Infarction Interval Between Onset and Death (Years, days, hours, etc.) Immediate Conditions, if any, which gave rise to above cause (B): Arteriosclerotic Heart Disease Interval Between Onset and Death (Years, days, hours, etc.) 10 years Lying cause last: DUO 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 <input type="checkbox"/> Other		24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work	
25. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		26. TIME OF INJURY Hour 4:00 PM Minute 00	
27. DESCRIBE HOW INJURY OCCURRED.			
28. CERTIFICATE: I certify that I (attended) 5-17-66 the deceased from or on November 1936 to 5-17-66 and that the death occurred at 4:00 PM from the causes and on the date stated above. Mark S. Kocher, M.D. Klamath Falls, Oregon 5-19-66 (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 5-21-66	
30C. NAME OF CREMATORY OR CEMETERY Klamath Memorial Park		30D. LOCATION (City or Town) Klamath Falls, Oregon	
31. DATE RECEIVED BY LOCAL REGISTRAR 5-24-66		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mike O'Hair 515 Pine St. E.F., Ore.			

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.



S. M. Kerron, M.D.
Registrar Vital Statistics

By **Marian Ackerman**
Deputy
Date **May 24, 1966**

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of **Ethel Bleak**

this **11** day of **July** **1966** at **1:15** o'clock **P**.M., and
fully recorded in Vol. **M-66**, of Deeds on Page **6938**

Fee \$1.50

DOROTHY ROGERS, County Clerk

By **Jane M. M.**