

OREGON STATE BOARD OF HEALTH  
VITAL STATISTICS SECTION 100-1

M-66 11285

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 300		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)		First Harry	Middle Joseph
		Last Roman	
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 2B 6 yrs		D. STREET ADDRESS, RURAL ROUTE, ETC. 1122 Lincoln St.	
D. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION Pres. Intercomm. Hospt.			
4. DATE OF DEATH Month Day Year Oct. 12, 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.	9. USUAL OCCUPATION (Kind of work done during most of life) R.R. Conductor	10. KIND OF BUSINESS OR INDUSTRY Railroad	11. NAME OF SPOUSE Mabel B. Roman
12. DATE OF BIRTH Month Day Year July 20, 1888	13. AGE LAST BIRTHDAY Yrs. 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HOURS Hours Minutes
14. BIRTHPLACE (State or Foreign Country) Illinois	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 No Record	18. MAIDEN NAME OF MOTHER No Record	19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Mabel Roman, wife	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Parkinson's Disease			Interval Between Onset and Death (Years, days, hours, etc.) year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last			DUE TO (B): 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): cerebro vascular accident			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	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 Min. P. M.	27. DESCRIBE HOW INJURY OCCURRED.		
28. CERTIFICATE: I Certify that I attended (if applicable) the death of the deceased from or on 8-1-60 to 10-12-66 and that the death occurred at 7:15PM from the causes and on the date stated above. 10-13-66 > Everett R. Howard, M.D. 613 Medical Dental Bldg. Klamath Falls, Oregon (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 10-12-66	30C. NAME OF CREMATORY OR CEMETERY Eternal Hills	30D. LOCATION (City or Town) State Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR 10-13-66	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)

66-01

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

By Marian Ackerman  
Deputy  
Date October 14, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Oregon Title Ins. Co. this 25th day of October 1966 at 3:45 o'clock P. M., and duly recorded in Vol. M-66, of Deeds on Page 11285.  
DOLOREY ROGERS, County Clerk  
\$1.50 pd.  
By Dolorey Rogers

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