

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-
FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO
THAT IT MAY BE PROPERLY CLASSIFIED.

| LOCAL REGISTRAR'S NUMBER | | STANDARD CERTIFICATE OF DEATH | | M-66 | | 11532 | |
|---|--|--|--|---|--|---|--|
| 10281 | | STATE OF OREGON BOARD OF HEALTH - PORTLAND PUBLIC HEALTH SERVICE | | STATE FILE NO. | | PAGE | |
| DATE RECEIVED | | | | | | | |
| 1. NAME OF DECEASED (Type or print all entries in black ink) | | First | | Middle | | Last | |
| LESLIE | | LAMONDE | | POPE | | | |
| 2. PLACE OF DEATH A. COUNTY | | Multnomah | | 3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE | | Oregon | |
| B. CITY, TOWN, OR LOCATION | | Portland | | B. COUNTY | | Klamath | |
| C. LENGTH OF STAY IN 2B OR LOCATION | | 16 Days | | C. CITY, TOWN OR LOCATION | | Klamath Falls | |
| D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | Veterans Administration | | D. STREET ADDRESS, RURAL ROUTE, ETC. | | 237 Jefferson | |
| 4. DATE OF DEATH Month Day Year | | October 25 1966 | | 5. SEX | | male | |
| 6. COLOR OR RACE | | white | | 7. MARITAL STATUS Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> | | | |
| 8. SOCIAL SECURITY NO. | | 542 18 4731 | | 9. USUAL OCCUPATION (Kind of work done during most of life) | | Auto repair | |
| 10. KIND OF BUSINESS OR INDUSTRY | | | | 11. NAME OF SPOUSE | | Helen | |
| 12. DATE OF BIRTH Month Day Year | | Jan. 7 1893 | | 13. AGE LAST BIRTHDAY Yrs. | | 73 | |
| 14. BIRTHPLACE (State or Foreign Country) | | Modoc County, California | | 15. WAS DECEASED A CITIZEN OF U. S. <input checked="" type="checkbox"/> Foreign Country <input type="checkbox"/> | | 16. IF DECEASED WAS A VETERAN, WHAT WAR? WWI | |
| 17. NAME OF FATHER | | Fred L. Pope | | 18. MAIDEN NAME OF MOTHER | | Dora Ballard | |
| 19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED | | VA Records | | 20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C)) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): | | Lobar pneumonia | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST | | DUE TO (B): | | Severe obstructive emphysema | | | |
| PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a): | | DUE TO (C): | | | | | |
| 21. If deceased was female, was there a pregnancy in the past 12 months? | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> | | 22. Was an Autopsy performed? | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 23. WAS DEATH RESULT OF Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other <input type="checkbox"/> | | 24. IF ACCIDENT, DID IT OCCUR At Work <input type="checkbox"/> At Home <input type="checkbox"/> On Street <input type="checkbox"/> Other <input type="checkbox"/> | | 25. PLACE OF INJURY (Shop, Farm, Home, Forest, etc.) | | 25B. City County State | |
| 26. TIME OF INJURY Hour Minute | | 27. DESCRIBE HOW INJURY OCCURRED. | | | | | |
| 28. CERTIFICATE I certify that (affixed) (investigated the death of) the deceased from or on Sept. 7, 1966 to Oct. 25, 1966 and that the death occurred at 4:25 PM from the causes and on the date stated above. Marie A. Nickishovich, Staff Physician, VA Hospital, Portland, Oregon 10-26-66 | | | | | | | |
| 29. RESERVED FOR REGISTRAR'S USE | | | | | | | |
| 30A. DECEASED WILL BE Buried <input checked="" type="checkbox"/> Cremated <input type="checkbox"/> Other <input type="checkbox"/> | | 30B. DATE 10/29/66 | | 30C. NAME OF CREMATORY OR CEMETERY Eternal Hills Memorial Garden | | 30D. LOCATION (City or Town) State Klamath, Falls, Oregon | |
| 31. DATE RECEIVED BY LOCAL REGISTRAR OCT 31 1966 | | 32. REGISTRAR'S SIGNATURE [Signature] | | 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS O'Hair's Memorial Chapel | | [Signature] | |

STATE OF OREGON)
County of Multnomah) ss

This is to certify that the foregoing is a reproduction of the original record which was filed in the Vital Statistics Section in the City of Portland, Bureau of Health.

[Signature]
Registrar of Vital Statistics

(SEAL)

By [Signature]
Date OCT 31 1966

STATE OF OREGON; COUNTY OF KLAMATH; ss:
Filed for record at request of Helen Pope
this 4 day of Nov. 1966 10:55 A M., and
duly recorded in Vol. M-66 of Deeds on Page 11532
Fee \$1.50
DOROTHY ROGERS, County Clerk
By [Signature]