12106

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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 41 — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First George; Middle Thomas; Last McGahan

2. PLACE OF DEATH — A. COUNTY Klamath; B. CITY, TOWN OR LOCATION (If outside corporate limits, so specify) Klamath Falls; C. LENGTH OF STAY IN 2B 30 years; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Presbyterian Intercommunity Hospital

3. USUAL RESIDENCE (If institution, give residence before admission) — A. STATE Oregon; B. COUNTY Klamath; C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify) Klamath Falls; D. STREET ADDRESS, RURAL ROUTE, ETC. 2512 White

4. DATE OF DEATH (Month, Day, Year) February 7, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARITAL STATUS — [X] Married [ ] Widowed [ ] Divorced [ ] Never Married

8. SOCIAL SECURITY NO. 541-09-9703-A

9. USUAL OCCUPATION (Kind of work done during most of life) Clerk

10. KIND OF BUSINESS OR INDUSTRY Pool Halls

11. NAME OF SPOUSE Cleo McGahan

12. DATE OF BIRTH (Month, Day, Year) September 19, 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) Stonyford, California

15. WAS DECEASED A CITIZEN OF — [X] U. S. [ ] Foreign Country, Name of Country

16. IF DECEASED WAS A VETERAN, WHAT WAR? WW #1

17. NAME OF FATHER George Thomas McGahan

18. MAIDEN NAME OF MOTHER Blizabeth McDaniel

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Cleo McGahan (wife)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B) AND (C).) — Interval between Onset and Death (Years, days, hours, etc.)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Myocarditis with cardiac failure — 1 wk.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): Arteriosclerosis — 10 yrs.; DUE TO (C): Peritonitis subsidiary, secondary to perforation of colon — 3 wks.

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? [ ] Yes [ ] No [ ] Unknown

22. Was an Autopsy performed? [ ] Yes [X] No

23. WAS DEATH RESULT OF — [ ] Accident [ ] Suicide [ ] Homicide

24. IF ACCIDENT / DID INJURY OCCUR — [ ] At Work [ ] Not At Work

25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)

25B. City, County, State

26. TIME OF INJURY (Hour, Month, Day, Year) ..... a. m. ..... p. m.

27. DESCRIBE HOW INJURY OCCURRED

28. CERTIFICATE: I Certify that I (attended) (last saw) the deceased from or on 2-22-55 (date) to 2-7-67 (date) and that the death occurred 3:37p. m. from the causes and on the date stated above.

► M. E. Robinson, M.D. (Signature) — Klamath Falls, Oregon (Address) — 2-8-67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30. DISPOSITION OF DECEASED, WILL BE — [ ] Buried [ ] Cremated [ ] Removed [ ] Other — 30B. DATE 2-10-67 — 30C. NAME OF CREMATORY OR CEMETERY Eternal Hills Mem. Gar. — 30D. LOCATION (City or Town, State) Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR 2-8-67 — 32. REGISTRAR'S SIGNATURE ► Marjorie Comer — 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS ► W. W. Ward 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 Marjorie Comer
Deputy

Date February 8, 1967 19

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Cleo B. McGahan

this 14 day of February 67 at 1:39 o'clock P.M., and

duly recorded in Vol. M 67 on Page 1024 Deeds

DOROTHY ROGERS, County Clerk

By Hazel Wheeler

Fee $ 1.50