13372

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION
2517

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 101 — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First Coral; Middle Elizabeth; Last Dolan

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 CITY OR LOCATION: 20 yrs.; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Pres. Intercomm. Hospt.

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.: 1510 California Ave.

4. DATE OF DEATH (Month, Day, Year): March 31, 1967
5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 541-38-3025
9. USUAL OCCUPATION (Kind of work done during most of life, even if retired): Homemaker
10. KIND OF BUSINESS OR INDUSTRY:
11. NAME OF SPOUSE: James Ward Dolan
12. DATE OF BIRTH (Month, Day, Year): January 15, 1888
13. AGE LAST BIRTHDAY (Yrs.): 79
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HOURS — Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Sedalia, Missouri
15. WAS DECEASED A CITIZEN OF WHAT COUNTRY? ☒ U. S. ☐ Foreign Country (Name of Country):
16. IF DECEASED WAS A VETERAN, WHAT WAR?: No
17. NAME OF FATHER: Frank Payne
18. MAIDEN NAME OF MOTHER: Rose Allison
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: James W. Dolan, husband

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Cerebro-Vascular Hemorrhage-acute — Interval Between Onset and Death (Years, days, hours, etc.): 6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (B): Posterior-myocardial Infarction — 10 days
DUE TO (C): Hemorrhage-chronic-bowel- — 3 mos.
PART II. Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): cause undetermined. Severe anemia, secondery
21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☒ No ☐ Unknown
22. Was an Autopsy performed? ☐ Yes ☒ No
23. WAS DEATH RESULT OF: ☐ Accident ☐ Suicide ☐ Homicide
24. IF ACCIDENT, DID INJURY OCCUR: ☐ At Work ☐ Not At Work
25A. PLACE OF INJURY (Home, Farm, Street, 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 the death of the deceased from the date(s) 22 March 1967 to 3-31-67 and that the death occurred at 12:40p. from the cause(s) and on the date stated above.
▶ Paul W. Sharp, M.D. (Signature) — (Title) — Klamath Falls, Oregon (Address) — 2 Apr 67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DISPOSITION: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 4-3-67
30C. NAME OF CREMATORY OR CEMETERY: Mt. Laki Cemetery
30D. LOCATION (City or Town, State): Klamath Falls, Ore.
31. DATE RECEIVED BY LOCAL REGISTRAR: 4-3-67
32. REGISTRAR'S SIGNATURE: ▶ Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ▶ Mike O'Hair 515 Pine, Klamath Falls — O'Hair's

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
(SEAL)
By Marian Ackerman Deputy
Date April 3, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss

Filed for record at request of:
Ward Payne
on this 10 day of April A. D. 19 67
at 2:30 P M, and duly recorded in Vol. M-67 of Deeds
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LENORE ROGERS, County Clerk
By Beverly J. Hughes Deputy

Fee 1.50

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