

14322

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

3843

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 124		STATE FILE NO.	
1. NAME OF DECEASED (Type or print all entries in black ink)		DATE RECEIVED	
First LIDA		Middle BLIND	
Last TUCKER			
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	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5025 Cottage Avenue		D. STREET ADDRESS, RURAL ROUTE, ETC. 5025 Cottage Avenue	
4. DATE OF DEATH Month May Day 3 Year 1965		5. SEX Male	
6. COLOR OR RACE White		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. 541-09-8626		9. USUAL OCCUPATION Laborer - Retired	
10. KIND OF BUSINESS Law Office		11. NAME OF SPOUSE Lora Z. Tucker	
12. DATE OF BIRTH Month May Day 22 Year 1892		13. AGE LAST BIRTHDAY 72	
14. BIRTHPLACE (State or Foreign Country) Rugby, Grayson Co., Virginia		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? ---		17. NAME OF FATHER Samuel P. Tucker	
18. MAIDEN NAME OF MOTHER Nancy Walton		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Lora Z. Tucker (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): Arteriosclerotic heart disease with failure Interval between onset and death (In yrs., days, hours, etc.) 12 - 2 yrs.		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 <input type="checkbox"/> Other	
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	
25C. State		26. TIME OF INJURY Hour : : Minute : : Second : : A. M. P. M.	
27. DESCRIBE HOW INJURY OCCURRED. 3-13-65		28. CERTIFICATE: (Certify the deceased) (Investigate the death of) the deceased 41006 and that the death occurred at 41006 m. from the causes and on the date stated above. R. W. Espersen, M.D. Klamath Falls, Oregon 5-6-65 (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 5/7/65	
30C. NAME OF CREMATORY OR CEMETERY Internal Hills		30D. LOCATION (City or Town) Klamath Falls, Oregon	
31. DATE RECEIVED BY REGISTRAR 5-10-65		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wm P. Kendall 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.

S. M. Kerron, M.D.

Registrar Vital Statistics

By Deputy Marian Ackerman

Date May 10, 1965

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON
County of Klamath

Filed for record at request of:

J. A. Giacomini

on May 23, 1965

at 4:00 p.m. and duly

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Fee