

14991
OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION
CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER <u>338</u>		STATE OF OREGON BOARD OF HEALTH - PORTLAND PUBLIC HEALTH SERVICE		STATE FILE NO. DATE RECEIVED
1. NAME OF DECEASED First Middle Last <u>PAUL R. MONROE</u>				
2. PLACE OF DEATH A. COUNTY <u>Jackson</u> B. CITY, TOWN OR LOCATION <u>Medford</u> C. LENGTH OF STAY IN 28 <u>2 weeks</u>				
3. USUAL RESIDENCE (if institution, give residence before admission) A. STATE <u>Oregon</u> B. COUNTY <u>Klamath</u> C. CITY, TOWN OR LOCATION <u>Bonanza</u> D. STREET ADDRESS, RURAL ROUTE, ETC. <u>Route 1, Box 93</u>				
4. DATE OF DEATH Month Day Year <u>May 24, 1967</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>
8. SOCIAL SECURITY NO. <u>544-42-9520</u>		9. USUAL OCCUPATION (kind of work done during most of life) <u>Retired Rancher</u>		10. KIND OF BUSINESS <u>Cattle</u>
12. DATE OF BIRTH Month Day Year <u>August 5, 1892</u>		13. AGE LAST BIRTHDAY Yrs. <u>74</u>		11. NAME OF SPOUSE <u>Madeline M. Monroe</u>
14. BIRTHPLACE (State or Foreign Country) <u>California</u>		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? <u>W.W. I</u>
17. NAME OF FATHER <u>Louis Monroe</u>		18. MAIDEN NAME OF MOTHER <u>Mary Wells</u>		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED <u>Madeline M. Monroe, wife</u>
20. CAUSE OF DEATH PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <u>Subdural hematoma</u> DUE TO (B) _____ DUE TO (C) _____ PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A) 21. AUTOPSY AUTHORIZED BY: <u>Private</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
22. IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MOS. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>		23. EXTERNAL CAUSE OF DEATH WAS Primary <input type="checkbox"/> or Contributing <input checked="" type="checkbox"/> <u>Car and trailer overturned</u>		
25. TIME OF INJURY (month, day, year) <u>unknown 4-23-67</u>		26. INJURY OCCURRED While <input type="checkbox"/> on while <input checked="" type="checkbox"/> at work 27A. PLACE OF INJURY (home, farm, factory, street, office, etc.) <u>Highway</u> 27B. CITY OR TOWN (if known) <u>rural Tonopah, Nevada</u>		
28. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about <u>8:10</u> AM from _____ Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending <input type="checkbox"/>				
ACTUAL SIGNATURE <u>John S. Rafferty</u>		MEDICAL INVESTIGATOR FOR <u>Jackson</u>		
29. Burial <input checked="" type="checkbox"/> Home or Cremation <input type="checkbox"/> Other <input type="checkbox"/>		30. DATE <u>May 27, 1967</u>		
31. PLACE OF BURIAL, REMOVAL, ETC. <u>Lost River Cemetery, Bonanza, Oregon</u>		NAME OF FUNERAL HOME AND ADDRESS: <u>Conger-Morris, Medford, Oregon</u>		
32. Signature of registrar <u>John S. Rafferty</u>		DATE RECORD FILED: <u>6-2-67</u>		

STATE OF OREGON

County of Jackson

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Jackson County Department of Health.

(SEAL)
By Josephine Kappes
Date 6-5-1967
Registrar Vital Statistics

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Wm Brandsness

this 21 day of June A.D. 1967, at 10:25 o'clock A.M., and

duly recorded in Vol. M-67, of Deeds on Page 4617

Fee 1.50
Wm Brandsness
276 Main St.
City

DOROTHY ROGERS, County Clerk

By Budger Beck