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VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 200 — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First Elzie; Middle Randolph; Last Fox

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 28: 17 hrs.
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Presb. 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.: 1022 B McKinley St.

4. DATE OF DEATH: Month July; Day 9; Year 1967
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: —
9. USUAL OCCUPATION (Kind of work done during most of life): Telegraph operator
10. KIND OF BUSINESS OR INDUSTRY: S.P. Railroad
11. NAME OF SPOUSE: Mary F. Fox
12. DATE OF BIRTH: Month Feb. Day 8 Year 1890
13. AGE LAST BIRTHDAY: 77 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Missouri
15. WAS DECEASED A CITIZEN OF: ☒ U. S. ☐ Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? No
17. NAME OF FATHER: Florine Fox
18. MAIDEN NAME OF MOTHER: No Record
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Mary F. Fox, wife

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): Arteriosclerotic heart disease — Interval Between Onset and Death: 3 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): Generalized arteriosclerosis — 20 yrs.
DUE TO (C):
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 ☒ 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 ..... a.m. ..... p.m. Month, Day, Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (attended) the deceased from or on 4/26/67 to 7-9-67 and that the death occurred at 10:03AM from the causes and on the date stated above.
► John D. Merryman, M.D. (Signature) — Klamath Falls, Ore (Address) — 7/10/67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 7-11-67
30C. NAME OF CREMATORY OR CEMETERY: Klamath Mem. Park
30D. LOCATION (City or Town, State): Klamath Falls, Ore.
31. DATE RECEIVED BY LOCAL REGISTRAR: 7-10-67
32. REGISTRAR'S SIGNATURE: ► Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: O'Hair's ► Mike O'Hair 515 Pine, K. 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 Marian Ackerman
Deputy

Date July 11, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss

Filed for record at request of:
Mrs. W. D. Leavitt

on this 11 day of August A.D. 1967
at 10:45 a.m. and duly
recorded in Vol. M-67 Deeds
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Evelyn Biehn, County Clerk
By Evelyn Biehn

Fee 1.50