

16350

Van 7/18/67 6412

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 210		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) First Floyd Middle Hampton Last McCrorey			
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 3136 Western Klamath Falls	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Pres. Int. Comm. Hospital		D. STREET ADDRESS, RURAL ROUTE, ETC. 3136 Western	
4. DATE OF DEATH Month July Day 15 Year 1967	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. 526-12-4786	9. USUAL OCCUPATION (Kind of work done during most of life) Retired Carpenter	10. KIND OF BUSINESS Building	11. NAME OF SPOUSE Iona McCrorey
12. DATE OF BIRTH Month December Day 13 Year 1892	13. AGE LAST BIRTHDAY Yrs. 74	14. IF UNDER 1 YEAR Months 0 Days 0	15. IF UNDER 24 HOURS Hours 0 Minutes 0
14. BIRTHPLACE (State or Foreign Country) Silver Creek, Minnesota		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country	
17. NAME OF FATHER G. G. McCrorey		18. MAIDEN NAME OF MOTHER Lettie Walker	
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Iona McCrorey, widow		16. IF DECEASED WAS A VETERAN, WHAT WAR? N W 1	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: Cerebral thrombosis IMMEDIATE CAUSE (A):			Interval Between Onset and Death (Years, days, hours, etc.) 9 days
Conditions, if any, which gave rise to above cause (B), stating the underlying cause last: DUE TO (B):			
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? <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"/> Accidental <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 State
26. TIME OF INJURY Month July Day 5 Year 1967		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE: I certify that I (attest), John D. Merryman, M.D. on the deceased July 15, 1967 at 6:30 p.m. from the causes and on the date stated above. Signature (Signature) John D. Merryman, M.D. 303 Pine St. Klamath Falls, Ore 7/18/67 (Title) (Address) (Date)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input checked="" type="checkbox"/> Removed <input type="checkbox"/> Other	30B. DATE 7/18/67	30C. NAME OF CREMATORY OR CEMETERY Elmwood Cemetery	30D. LOCATION (City or Town) State Rockford, Minnesota
31. DATE RECEIVED BY REGISTRAR 7-18-67		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Keith O'Hair O'Hair's Klamath Falls			

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. H. Kerron, M.D.
Registrar Vital StatisticsBy **Marian Ackerman**
Date **July 18, 1967**

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of **Laverne Kendall**this **17th** day of **August** **1967** at **11:34** o'clock A.M., andduly recorded in Vol. **M 67**, of **Deeds** on Page **6412**

DOROTHY ROGERS, County Clerk

By **David L. Miller**

Fee \$ 1.50