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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

Oregon State Board of Health — Certificate of Death

State Registered No. 111
Local Registered No. 110

1. PLACE OF DEATH
County Klamath ... State Oregon ... or Village ... or
Township ... City Klamath Falls ... No. Residence(Riverside Drive) ... St., ... Ward
(If death occurred in a hospital or institution, give its name instead of street number)
Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

2. FULL NAME Robert Vance Hutchins
(a) Residence: No. Riverside Drive St., Klamath Falls, Oregon
(Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced: Married
6. If married, widowed, or divorced (HUSBAND of) (or WIFE of): of Mary Elizabeth Hutchins
7. DATH OF BIRTH (month, day and year): Nov. 19 1874
8. AGE: Years 63 | Months 5 | Days 26 | If less than 1 day, ... hrs. or ... min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: News Paper Man
10. Industry or business in which work was done as silk mill, sawmill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Windom North Carolina
13. NAME: James Hutchins
14. BIRTHPLACE (city or town) (State or country): No Record
15. MAIDEN NAME: No Record
16. BIRTHPLACE (city or town) (State or country): No Record
17. INFORMANT: Mrs. Mary Elizabeth Hutchins
(Address): Riverside Drive
18. BURIAL, CREMATION OR REMOVAL: Inkville Cemetery Date 5/17/38
19. UNDERTAKER: Earl Whitlock
(Address): Klamath Falls
20. Filed 5/16/38 Neil Blair M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 15, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 15 1938 to May 15, 1938, that I last saw him alive on May 15, 1938 and that death is said to have occurred on the date stated above, at 2:15 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Arteriosclerosis Hypertension (Heart disease)	?

Contributory causes of importance not related to principal cause:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...
(Signed) H. Martin Adams M.D.
(Address) Klamath Falls Ore

VOID IF ANY ALTERATIONS OR ERASURES ARE MADE

STATE OF OREGON } ss.
County of Multnomah }

DATE ISSUED NOV 20 1967

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

Lorraine M. Martin
STATE REGISTRAR

VS-112 Rev. 1-2-67

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Klamath County Title Co.
this 22nd day of November A. D. 19 67 at 4:10 o'clock P. M., and
duly recorded in Vol. M 67, of Deeds on Page 9036

DOROTHY ROGERS, County Clerk
By Louise Mitchell

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