

19694

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL. PAGE 447

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 262		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) MYRTLE IRENE DUTTON		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
2. PLACE OF DEATH A. COUNTY Malin B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify) Malin		C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify) Malin	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION No numbers - Box # 523		D. STREET ADDRESS, RURAL ROUTE, ETC. No numbers - Box # 523	
4. DATE OF DEATH Months September Day 7 Year 1965	5. SEX Female	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. 543-34-0681	9. USUAL OCCUPATION (Kind of work done during most of life) Housewife	10. KIND OF BUSINESS OR INDUSTRY At home	11. NAME OF SPOUSE Guy Dutton
12. DATE OF BIRTH Months September Day 29 Year 1919	13. AGE LAST BIRTHDAY Yrs. 45	14. BIRTHPLACE (State or Foreign Country) Norton, Kansas	15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country
16. NAME OF FATHER Felix Donnelly	17. MAIDEN NAME OF MOTHER Elsie Rowley	18. IF DECEASED WAS A VETERAN, WHAT WAR? -----	
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Guy Dutton (Husband)		20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Gun shot wound of chest 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"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide	
24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input checked="" type="checkbox"/> Not At Work		25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.) Home	
25B. City Malin County Klamath State Oregon		26. TIME OF INJURY Hour 9 Minute 45 P. M. Based on rigor	
27. DESCRIBE HOW INJURY OCCURRED. Self inflicted gunshot wound of chest		28. CERTIFICATE: I certify that I investigated (Investigate the death of the deceased from or on 9-7-65 to 9-7-65 (date) and that the death occurred at 7:30 a.m. from the causes and on the date stated above. J. Martin Adams, M.D. Asst. Med. Inv. Klamath Falls, Oregon 9-9-65 (Signature) (Title) (Address) (Date Signed)	
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input type="checkbox"/> Buried <input checked="" type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other	30B. DATE 9/13/65	30C. NAME OF CREMATORY OR CEMETERY Ashland Crematorium	30D. LOCATION (City or Town) State Ashland, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR 9-9-65	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.

(SEAL)

S. M. Kerron, M.D.
Registrar Vital Statistics

By

Deputy

Date

September 14, 1965

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, ss
County of Klamath
Filed for record at request of
Guy Dutton

on this 19 day of January A.D. 19 68
at 11:50 P. M. and duly
recorded in Vol. M-68 o. Deeds
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DOROTHY ROBERTS, County Clerk
By Marian Ackerman Deputy

Fee 1.50