STANDARD CERTIFICATE OF DEATH

STATE OF OREGON — BOARD OF HEALTH, PORTLAND 97201 — PUBLIC HEALTH SERVICE

STATE FILE NO. Vol. M-69 PAGE 510

LOCAL REGISTRAR'S NUMBER 200 — 29003 — DATE RECEIVED

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. SEE THAT IT MAY BE PROPERLY CLASSIFIED.

FORM VS-2

1. NAME OF DECEASED (Type or print all entries in black ink) — First: MARJORIE — Middle: — Last: MARTIN

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 2B: 2½ Years
D. NAME OF HOSPITAL OR OTHER (If not in hospital, give street address): Presbyterian Intercommunity Hospital

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.: 1605 Gary

4. DATE OF DEATH: Month July Day 10 Year 1968
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: —
9. USUAL OCCUPATION (Kind of work done during most of life): Housewife
10. KIND OF BUSINESS OR INDUSTRY: At home
11. NAME OF SPOUSE: Harold H. Martin
12. DATE OF BIRTH: Month June Day 9 Year 1914
13. AGE LAST BIRTHDAY: 54 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Leicester, England
15. WAS DECEASED A CITIZEN OF: [ ] U.S. Name of Country — [X] Foreign Country: England
16. IF DECEASED WAS A VETERAN, WHAT WAR? —
17. NAME OF FATHER: John Wilton
18. MAIDEN NAME OF MOTHER: Florence Cripwell
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Harold H. Martin (Husband)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)

		Interval Between Onset and Death (Years, days, hours, etc.)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):	Congestive Heart Failure	3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (B):	Arteriosclerosis	1 month
DUE TO (C):	Ca of Breast (? Leukemia)	16 months
PART II. Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a).		

21. If decreased was Female, was there a pregnancy in the past 12 months? [ ] Yes [X] No [ ] Unknown
22. Was an Autopsy performed? [X] Yes [ ] No
23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR: [ ] At Work [ ] Not At Work — Month, Day, Year
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City, County, State
26. TIME OF INJURY: Hour ____ a.m. p.m.
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended) (last saw) the deceased from or on 4-68 (date) to 7-10-68 (date) and that the death occurred at 7:00a m. from the causes and on the date stated above.
Kimmett Kroger M.D. (Signature) — Klamath Falls, Oregon (Address) — 7/11/68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 7/12/68
30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills
30D. LOCATION (City or Town, State): Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 7-11-68
32. REGISTRAR'S SIGNATURE: Marian Jackman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: 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.

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

(SEAL)

By Marian Jackman
Deputy Registrar

Date JUL 11 1968 19____

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Harold Martin

this M-69 day of January A. D. 19 69 at 10:20 o'clock A. M., and duly recorded in Vol. M-69, of Deeds on Page 510

Wm. D. MILNE, County Clerk

Fee $1.50 By Marian K. Horstman Deputy