WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

MARGIN RESERVED FOR BINDING

213-69

CERTIFIED COPY

29675

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL M69 PAGE 1364

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. '68 006691

DATE RECEIVED MAY 24 1968

LOCAL REGISTRAR'S NUMBER 116

1. NAME OF DECEASED (Type or print all entries in black ink): First GARRETT Middle Last PERKINS, SR.

2. PLACE OF DEATH
A. COUNTY Klamath
B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION Malin
C. LENGTH OF STAY IN 2B: 32 Years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): No numbers

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE Oregon
B. COUNTY Klamath
C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Malin
D. STREET ADDRESS, RURAL ROUTE, ETC. No numbers

4. DATE OF DEATH: Month April Day 30 Year 1968
5. SEX Male
6. COLOR OR RACE White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO. 543-07-3809
9. USUAL OCCUPATION (Kind of work done during most of life) Laborer retired
10. KIND OF BUSINESS OR INDUSTRY Saw Mills
11. NAME OF SPOUSE Ida E. Perkins
12. DATE OF BIRTH: Month November Day 18 Year 1896
13. AGE LAST BIRTHDAY 71 Yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HOURS: Hours Minutes
14. BIRTHPLACE (State or Foreign Country) Whitley Co., Tennessee
15. WAS DECEASED A CITIZEN OF: [X] U.S. [ ] Foreign Country Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? W.W. #1
17. NAME OF FATHER Pryor Perkins
18. MAIDEN NAME OF MOTHER Nervie Jane Farmer
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Ida E. Perkins (Wife)

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)	Cardiac arrest	minutes
Conditions, if any, which gave rise to above cause (A), stating the underlying cause last. DUE TO (B)	2nd Heart Block Type II	1 month
DUE TO (C)	Chronic Myocarditis	1 year

PART II. Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I. (a): Pulmonary Emphysema

21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy performed? [ ] Yes [X] No

VOID IF UNAUTHORIZED CHANGES ARE MADE ON COPY

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 Month Day Year a.m. p.m.
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended) ~~the deceased~~ the deceased from or on October 21, 1961 to 4-30-68 (date) and that the death occurred at 6:05a m. from the causes and on the date stated above.
(Signature) Jack [illegible] (Title) M.D. (Address) Klamath Falls, Oregon (Date Signed) 4/30/68

29. RESERVED FOR REGISTRAR'S USE 428X R

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE 5/3/68
30C. NAME OF CREMATORY OR CEMETERY Klamath Memorial Park
30D. LOCATION (City or Town) (State) Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR 5-1-68
32. REGISTRAR'S SIGNATURE Marian Ochsner
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS [signature] Klamath Falls, Oregon

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED FEB 13 1969

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.

Miriam M. Morton
STATE REGISTRAR

VS-112 Rev. 2-2-67

STATE OF OREGON, COUNTY OF KLAMATH; ss.

Filed for record at request of Ida E. Perkins

this 20th day of FEBRUARY A.D. 19 69 at 12:40 o'clock P M., and

duly recorded in Vol. M-69, of DEEDS on Page 1364

Fee $1.50

Wm D. MILNE, County Clerk

By Charlene K. Hortman
Deputy

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