

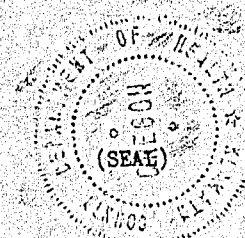
MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-
FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO
THAT IT MAY BE PROPERLY CLASSIFIED.

LOCAL REGISTRAR'S		STANDARD CERTIFICATE OF DEATH		STATE OF OREGON	
NUMBER 108		31018		STATE FILE NO. 2841	
BOARD OF HEALTH - PORTLAND 97201		PUBLIC HEALTH SERVICE		DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)		First Middle Last		Florence Nettie Griffin	
2. PLACE OF DEATH A. COUNTY		B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE B. COUNTY	
Klamath		Klamath Falls		Oregon Klamath	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		C. LENGTH OF STAY IN 2B		D. STREET ADDRESS, RURAL ROUTE, ETC.	
P. I. Hospital		—		435 Pacific Terrace	
4. DATE OF DEATH Month Day Year		5. SEX		6. COLOR OR RACE	
April 11 1969		Female		White	
7. MARITAL STATUS ☐ Married ☒ Widowed ☐ Divorced ☐ Never Married		8. SOCIAL SECURITY NO. (If not known, give last four digits)		9. USUAL OCCUPATION (Kind of work done during most of life)	
—		544-24-0900		Housewife	
10. KIND OF BUSINESS		11. NAME OF SPOUSE		12. DATE OF BIRTH Month Day Year	
Home-making		—		November 9 1898	
13. AGE LAST BIRTHDAY Yrs. Months Days		14. BIRTHPLACE (State or Foreign Country)		15. WAS DECEASED A CITIZEN OF U. S. ☒ Foreign Country ☐	
70		Wild Rice, North Dakota		U. S. ☒ Foreign Country ☐	
16. IF DECEASED WAS A VETERAN, WHAT WAR?		17. NAME OF FATHER		18. MAIDEN NAME OF MOTHER	
No		Charles Campdin		Caroline Paulson	
19. INFORMANT'S NAME AND ADDRESS (Last, first, middle, street, city, state, zip)		20. CAUSE OF DEATH (Enter only one cause per line in (A), (B), and (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):		Interval Between Onset and Death (Hours, days, weeks, etc.)	
Charles Campdin, nephew		Myocardial Infarction		2 hrs	
21. If deceased was female, was there a pregnancy in the past 12 months?		22. Was an autopsy performed?		23. WAS DEATH RESULT OF ☐ Accident ☐ Suicide ☐ Homicide ☐ Other	
☐ Yes ☒ No ☐ Unknown		☐ Yes ☒ No ☐ Unknown		24. IF ACCIDENT, DID INJURY OCCUR ☐ At Work ☐ Not At Work	
25. TIME OF INJURY Hour Minute Day Year		26. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		27. DESCRIBE HOW INJURY OCCURRED.	
—		—		—	
28. CERTIFICATE: I certify that I (attested) investigated the death of the deceased from or on 4-11-69 at 4-11-69 that the death occurred at 9:33 PM from the cause and on the date stated above. Signature: J. Corwin P.D. Klamath Falls, Ore. Date Signed: 4-14-69					
29. RESERVED FOR REGISTRAR'S USE					
30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ Other		30B. DATE 4/16/69		30C. NAME OF CREMATORY OR CEMETERY Eternal Hills	
31. DATE RECEIVED BY LOCAL REGISTRAR 4-16-69		32. REGISTRAR'S SIGNATURE Marian Chapman		33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Kidd & Sons, 15 Pine, K. Falls, Ore.	

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.



NEIL BLACK, M. D.
Registrar Vital Statistics

By Marian Chapman
Deputy Registrar

Date APR 17 1969 19

VOID IF ALTERED

STATE OF OREGON,
County of Klamath
Filed for record at request of
Ganong, Ganong And Gordon
on this 21st day of April A.D. 69
at 9:05 o'clock A. M., and duly
recorded in Vol. M-69 of Deeds
Page 2841
Wm D. MILNE, County Clerk
By Marian Chapman Deputy
Fee \$1.50