3733A

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH - PORTLAND 97201
PUBLIC HEALTH SERVICE

STATE FILE NO. M69 3733

LOCAL REGISTRAR'S NUMBER 136

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, SO THAT IT MAY BE PROPERLY CLASSIFIED

FORM VS 3

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

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION: Klamath Falls
C. LENGTH OF STAY IN 20: 42 Years
D. NAME OF HOSPITAL (If not in hospital, give street address) OR: Presbyterian Intercommunity Hospital

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: Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC: 2919 Emerald

4. DATE OF DEATH: Month: May; Day: 12; Year: 1969
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 543-10-0841 - A
9. USUAL OCCUPATION (Kind of work done during most of life): Laborer
10. KIND OF BUSINESS OR INDUSTRY: Saw Mills
11. NAME OF SPOUSE: Iva Nott
12. DATE OF BIRTH: Month: January; Day: 3; Year: 1893
13. AGE LAST BIRTHDAY: 76 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Fossil, Oregon
15. WAS DECEASED A CITIZEN OF: [X] U.S.A. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?
17. NAME OF FATHER: Frank Nott
18. MAIDEN NAME OF MOTHER: Sarah Lewis
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Iva Nott (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): [illegible] — [illegible]
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (B): [illegible]
DUE TO (C): [illegible]
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? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy performed? [ ] Yes [X] No
23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR: [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY (Home/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) ########## the deceased from [illegible] (date) 5/10/69 to [illegible] (date), and that the death occurred at 12:20a from the causes and on the date stated above.
[illegible] (Signature) M.D. (Title) Klamath Falls, Oregon (Address) 5/12/69 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DISPOSITION OF DECEASED: [X] Buried [ ] Cremated [ ] Entombed [ ] Other
30B. DATE: 5/15/69
30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills
30D. LOCATION (City or Town), State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 5-12-69
32. REGISTRAR'S SIGNATURE: Marion Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [illegible] 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)

NEIL BLACK, M. D.
Registrar Vital Statistics

By Marion Ackerman
Deputy Registrar

Date MAY 12 1969 19

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Iva Nott

this 19th day of May A. D. 19 69 at 2:45 o'clock P M., and duly recorded in Vol. M-69, of Deeds on Page 3733

Fee 1.50

Wm D. MILNE, County Clerk

By Louise M. Knutson

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