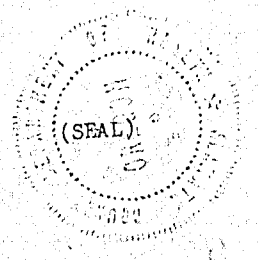


MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-
FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO
THAT IT MAY BE PROPERLY CLASSIFIED

LOCAL REGISTRAR'S		STANDARD CERTIFICATE OF DEATH		STATE FILE NO. 3733	
NUMBER 136		STATE OF OREGON BOARD OF HEALTH - PORTLAND 97201 PUBLIC HEALTH SERVICE		DATE RECEIVED	
1. NAME OF DECEASED RAY		3. USUAL RESIDENCE (If Institution, give residence before admission) A STATE Oregon B COUNTY Klamath		C CITY TOWN LOCATION Klamath Falls	
2. PLACE OF DEATH A COUNTY Klamath		D STREET ADDRESS, RURAL ROUTE ETC 2719 Emerald		6. COLOR OR RACE White	
B CITY TOWN (If suitable corporate limits, so specify) Klamath Falls 42 Years		7. MARITAL STATUS Married ☒ Widowed ☐ Divorced ☐ Never Married ☐		11. NAME OF SPOUSE Iva Nott	
D NAME OF HOSPITAL Presbyterian Intercommunity Hospital		8. SOCIAL SECURITY NO. 543-10-0811 - A		9. USUAL OCCUPATION Laborer	
4. DATE OF DEATH May 12 1969		10. KIND OF BUSINESS OR INDUSTRY Saw Mills		13. AGE LAST BIRTHDAY 76	
12. DATE OF BIRTH January 3 1893		15. WAS DECEASED A CITIZEN OF ☒ Foreign Country		16. IF DECEASED WAS A VETERAN, WHAT WAR?	
14. BIRTHPLACE (State or Foreign Country) Fossil, Oregon		18. MAIDEN NAME OF MOTHER Sarah Lewis		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Iva Nott (Wife)	
17. NAME OF FATHER Frank Nott		20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).) PART I: DEATH CAUSED BY IMMEDIATE CAUSE (A): DUE TO (B): DUE TO (C):		21. If deceased was female, was there a pregnancy in the past 12 months? ☐ Yes ☒ No ☐ Unknown	
23. WAY DEATH RESULTED FROM ☐ Accident ☐ Suicide ☐ Homicide ☐ At Work ☐ At Home		24. IF ACCIDENT, DID INJURY OCCUR ☐ At Work ☐ At Home		25. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)	
26. TIME OF INJURY		27. DESCRIBE HOW INJURY OCCURRED		28. CERTIFICATE: Certify that I (attended) the deceased from or on the date stated above, and that the death occurred at 12:20a from the causes and on the date stated above.	
29. RESERVED FOR REGISTRAR'S USE		30. NAME OF CREMATORY OR CEMETERY Eternal Hills		30. LOCATION (City or Town) Klamath Falls, Oregon	
31. DATE RECEIVED BY LOCAL REGISTRAR 5-12-69		32. REGISTRAR'S SIGNATURE M. D. Black		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.
NEIL BLACK, M. D.
Registrar Vital Statistics
By M. D. Black
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
By Wm D. MILNE, County Clerk
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