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STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH—PORTLAND
FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

STATE FILE NO. 10803

LOCAL REGISTRAR'S NUMBER 152

DATE RECEIVED NOV 1 - 1949

1. NAME OF DECEASED (TYPE OR PRINT): a. (First) John b. (Middle) Thomas c. (Last) Sherman Say — 93 B 136 X

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY OR TOWN: Klamath Falls
C. LENGTH OF STAY in this place: 5 yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION: 2435 Nile St.

3. USUAL RESIDENCE
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY OR TOWN: Klamath Falls
D. STREET ADDRESS: 2435 Nile St.

4. DATE OF DEATH: Oct. 30, 1949
5. SEX: Male
6. COLOR OR RACE: White
7a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
7b. NAME OF HUSBAND OR WIFE: Daisy
8. DATE OF BIRTH: Nov. 13, 1866
9. AGE: 82
10. BIRTHPLACE: Nicholville, Pennsylvania
11. CITIZEN OF WHAT COUNTRY: U.S.
12. FATHER'S NAME: (no record) Say
13. MOTHER'S MAIDEN NAME: Susan Shively
14a. USUAL OCCUPATION: retired—Oil well driller
14b. KIND OF BUSINESS OR INDUSTRY:
15. IF VETERAN, NAME WAR:
16. INFORMANT'S OWN SIGNATURE: Daisy Say
17. SOCIAL SECURITY NO.: none

18. CAUSE OF DEATH
MEDICAL CERTIFICATION — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — Certified
ANTECEDENT CAUSES
DUE TO (b): Marked Arteriosclerosis
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY: YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month, Day, Year, Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct. 21, 1949 to Oct. 30, 1949 THAT I LAST SAW THE DECEASED ALIVE ON Oct 30 1949 AND THAT DEATH OCCURRED AT 6:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE

23a. SIGNATURE: W. D. Musgrave (Degree or Title) M.D.
23b. ADDRESS: Klamath Falls, Oregon
23c. DATE SIGNED: 11/1/49

24a. BURIAL, CREMATION, REMOVAL: Burial
24b. DATE: 11/2/49
24c. NAME OF CEMETERY OR CREMATORY: Klamath Memorial Park
24d. LOCATION (City, town, or county): Klamath Falls, Oregon

DATE REC'D BY LOCAL REG.: 11-1-49
REGISTRAR'S SIGNATURE: Lewis Gilmore
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: H. W. Ward, Klamath Falls, Oregon

N. B.—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. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

STATE OF OREGON, COUNTY OF KLAMATH — DATE ISSUED Apr. 14 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.

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Daisy Say

this 20th day of May A. D. 1969 at 4:46 PM o'clock M., and

duly recorded in Vol. M 69, of Deeds on Page 3791

Wm D. MILNE, County Clerk

Fee $1.50

By Phyllis Rutledge