STANDARD CERTIFICATE OF DEATH

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

LOCAL REGISTRAR'S NUMBER #181

STATE FILE NO. / DATE RECEIVED: VOL. M69 PAGE 5705

MARGIN RESERVED FOR BINDING

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.

FORM VS-2

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

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 2B: 16 days
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Presbyterian Intercommunity Hospital

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Fort Klamath
D. STREET ADDRESS, RURAL ROUTE, ETC.: No numbers Box 463

4. DATE OF DEATH — Month: June — Day: 14 — Year: 1969

5. SEX: Male

6. COLOR OR RACE: White

7. MARITAL STATUS: [x] Married [ ] Widowed [ ] Divorced [ ] Never Married

8. SOCIAL SECURITY NO.: 542-12-5121A

9. USUAL OCCUPATION (Kind of work done during most of life): Retired - laborer

10. KIND OF BUSINESS OR INDUSTRY: Fish hatchery

11. NAME OF SPOUSE: May T. Gray

12. DATE OF BIRTH — Month: February — Day: 22 — Year: 1888

13. AGE LAST BIRTHDAY: 81 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes

14. BIRTHPLACE (State or Foreign Country): near Jacksonville, Oregon

15. WAS DECEASED A CITIZEN OF: [x] U.S. [ ] Foreign Country — Name of Country

16. IF DECEASED WAS A VETERAN, WHAT WAR?: No

17. NAME OF FATHER: George Thomas Gray

18. MAIDEN NAME OF MOTHER: Olive Amanda Higginbotham

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: May T. Gray (Wife)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C))

	Cause	Interval Between Onset and Death (Years, days, hours, etc.)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):	1. Acute [illegible] of peritonitis & 2. [illegible] abscess, [illegible]	days, hours
Conditions, if any, which gave rise to above cause (A), stating the underlying cause last — DUE TO (B):	Perforation of cecum, posteriorly	" "
DUE TO (C):	Adenocarcinoma of cecum	months

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? [x] Yes [ ] No

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 .... a.m. .... p.m. — Month — Day — Year

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I Performed an autopsy of the deceased from or on 6/16/69 (date) to .... and that the death occurred at 6:10p.m. from the causes and on the date stated above.

(Signature) [signature] — (Title) M.D., Klamath Falls, Oregon (Address) — 6/16/69 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [x] Buried [ ] Cremated [ ] Removed [ ] Other

30B. DATE: 6/18/69

30C. NAME OF CREMATORY OR CEMETERY: Fort Klamath cemetery

30D. LOCATION (City or Town, State): Fort Klamath, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 6-17-69

32. REGISTRAR'S SIGNATURE: Marian Atkinson

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W. W. Ward, 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 [signature]
Deputy Registrar

(SEAL)

Date JUN 2 0 1969 19

VOID IF ALTERED

STATE OF OREGON, County of Klamath }

Filed for record at request of Don Gray

on this 1st day of July A.D. 1969

at 12:15 o'clock P M., and duly recorded in Vol. m 69 of KXXX Deeds

Page 5705

Wm. D. MILNE, County Clerk

By Hazel Drazil Deputy

Fee $1.50

25