

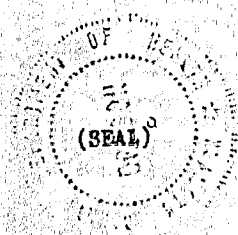
MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-
FULLY SUPPLIED, AND SHOULD BE EXACTLY STATED. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO
THAT IT MAY BE PROPERLY CLASSIFIED.

LOCAL REGISTRAR'S				STANDARD CERTIFICATE OF DEATH		STATE OF OREGON		STATE FILE NO.	
NUMBER #181				32489		BOARD OF HEALTH - PORTLAND 97201		DATE RECEIVED	
PUBLIC HEALTH SERVICE				MIDDLE		LAST		PAGE 05	
1. NAME OF DECEASED (Type or print all entries in black ink)				JOHN ALBERT GRAY					
2. PLACE OF DEATH A. COUNTY				Klamath		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE B. COUNTY			
B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION				Klamath Falls		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION			
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				Presbyterian Intercommunity Hospital		D. STREET ADDRESS, RURAL ROUTE, ETC. No numbers Box 463			
4. DATE OF DEATH Month Day Year				June 14 1969		5. SEX Male		6. COLOR OR RACE White	
7. SOCIAL SECURITY NO.				542-12-5121A		8. USUAL OCCUPATION (Kind of work done during most of life)		9. KIND OF BUSINESS (If engaged in business)	
				Retired - laborer		Fish Hatchery		May T. Gray	
10. DATE OF BIRTH Month Day Year				February 22 1888		11. AGE LAST BIRTHDAY Years Months Days		81	
12. BIRTHPLACE (State or Foreign Country)				near Jacksonville, Oregon		13. WAS DECEASED A CITIZEN OF U. S. Foreign Country			
14. NAME OF FATHER				George Thomas Gray		15. MAIDEN NAME OF MOTHER Olive Amanda Higginbotham			
16. NAME OF SPOUSE				May T. Gray		17. IF DECEASED WAS A VETERAN, WHAT WART No			
18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE 18A, 18B, AND 18C) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):				2. Esophageal carcinoma, metastatic to lungs, bones		19. Informant's name and relationship to deceased (Name, date, address, etc.)			
DUE TO (B):				Theification of cancer, metastatic		Days, hours			
DUE TO (C):				Adenocarcinoma of esophagus		months			
PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a):						20. If deceased was female, was there a pregnancy in the past 12 months? Yes No Unknown			
21. WAS DEATH RESULT OF Accident Suicide Homicide				22. IF ACCIDENT, DID INJURY OCCUR At Work Not At Work		23. PLACE OF INJURY (Such as Farm, Home, Street, etc.)			
24. TIME OF INJURY Hour Minute P. M.				25. DESCRIBE HOW INJURY OCCURRED.		26. Was an autopsy performed? Yes No			
27. CERTIFICATE: I certify that I (Name of Registrar) of the deceased from or on (Date) at (Place) from the record and on the date stated above.				6/16/69		M.D., Klamath Falls, Oregon 6/16/69			
28. RESERVED FOR REGISTRAR'S USE									
29. DECEASED WILL BE Buried Cremated Buried				30. DATE 6/18/69		31. NAME OF CREMATORY OR CEMETERY Fort Klamath cemetery Fort Klamath, Oregon			
32. DATE RECEIVED BY LOCAL REGISTRAR 6-17-69				33. REGISTRAR'S SIGNATURE M. Black		34. 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 M. Black
Deputy Registrar

Date JUN 20 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
recorded on July 1, 1969
by Wm. J. Milne County Clerk
By Wm. J. Milne Deputy
for \$1.50