STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

33542

VOL. 69 PAGE 5884

CERTIFICATE OF DEATH

Local File Number: 205

State File Number:

DECEASED

1. DECEASED—NAME: First ROY; Middle BRADFORD; Last CARLILE
2. DATE OF DEATH (month, day, year): July 1, 1969
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 59
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): February 25, 1910
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Presbyterian Intercommunity

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

8. STATE OF BIRTH (If not in U.S.A., name country): Texas
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Doreen P. Carlile
12. SOCIAL SECURITY NUMBER: 543-18-6496
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Laborer
13b. KIND OF BUSINESS OR INDUSTRY: Modec Lumber Company
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 220 Pelican Avenue
15. FATHER—NAME first middle last: John P. Carlile
16. MOTHER—Maiden Name first middle last: Anna Jones
17. INFORMANT—NAME and relationship to deceased: Doreen P. Carlile (Wife)

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

18. (a) immediate cause: ACUTE MYOCARDIAL INFARCTION — approximate interval between onset and death: 10 DAYS
(b) due to, or as a consequence of: ARTERIOSCLEROTIC HEART DISEASE — —
(c) due to, or as a consequence of:

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): STROKE WITH RIGHT HEMIPLEGIA
AUTOPSY (yes or no): 19a. No
IF YES were findings considered in determining cause of death: 19b.

20a. ACCIDENT (specify yes or no)
20b. DATE OF INJURY (month, day, year)
20c. HOUR
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no)
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: 6-27-69 to 7-1-69 (month day year)
And Last Saw Him/Her Alive on: 7-1-69
I Did/~~Did Not~~ view the body after death (specify): Yes.
DEATH OCCURRED (hour): 5:35 p.m. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Everett S. Howard M.D.
22b. NAME (type or print): EVERETT S. HOWARD, M.D. — Everett S. Howard, M.D. — degree or Title: M.D.
22c. DATE SIGNED (month, day, year): JUL 1 1969
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 613 Medical Dental Bldg. Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION city or town state: Klamath Falls, Oregon
24d. DATE (mo., day, year): 7/3/69
25a. FUNERAL DIRECTOR—SIGNATURE:
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, P.O.Box #217, Klamath Falls, Oregon
26a. REGISTRAR—SIGNATURE: Marian Pehrman
26b. DATE RECEIVED BY LOCAL REGISTRAR: 7-3-69
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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 Marian Pehrman Deputy Registrar
Date JUL 8 1969

(SEAL)

VOID IF ALTERED

STATE OF OREGON, County of Klamath
Filed for record at request of Doreen Carlile
on this 7 day of A.D. 19 69 at 10:30 o'clock A M., and duly recorded in Vol. M 69 of KWIK Records Page 5884
Wm. MILNE, County Clerk
By Klaus P. Siegel Deputy
Fee $3.50