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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

'69 018183

418
Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME: First JAMES	Middle ERNEST	Last NAIL		2. DATE OF DEATH (month, day, year): December 30, 1969	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Male	5a. AGE—Last birthday (years): 75	5b. Under 1 year: mos. / days	5c. Under 1 day: hours / min.	6. DATE OF BIRTH (month, day, year): November 20, 1894
7a. COUNTY OF DEATH: Klamath	7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	7c. Inside City Limits (specify yes or no): No	7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 1769 Patterson		
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Harriett C. Nail		
12. SOCIAL SECURITY NUMBER: 540-10-5121	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Farmer - retired	13b. KIND OF BUSINESS OR INDUSTRY: Self			
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Klamath Falls	14d. Inside City Limits (specify yes or no): No	14e. STREET AND NUMBER OR R.F.D.: 1769 Patterson	
15. FATHER—NAME first middle last: James C. Nail	16. MOTHER—Maiden Name first middle last: Elizabeth -- Wight	17. INFORMANT—NAME and relationship to deceased: Harriett C. Nail (Wife)			

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. Immediate cause
(a) myocardial infarction, probable. — minutes.
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b)
due to, or as a consequence of:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

19a. AUTOPSY (yes or no): No	19b. IF YES were findings considered in determining cause of death

20a. ACCIDENT (specify yes or no): no	20b. DATE OF INJURY (month, day, year)	20c. HOUR M.	20d. HOW INJURY Ooccurred (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)	

21. CERTIFICATION—PHYSICIAN: I attended the deceased from	month day year	to	month day year	And Last Saw Him/Her Alive on	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour)	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
	8-3-64		12-30-69	11-24-69	did not	About 8:00 P. M.	

22a. PHYSICIAN—SIGNATURE		22b. NAME (type or print) degree or Title	22c. DATE SIGNED (month, day, year)
James A. Rogers	M.D.	James A. Rogers, M.D.	12-31-69

23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 1435 Esplanade, Klamath Falls, Oregon 97601

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): Jan. 5, 1970

25a. FUNERAL DIRECTOR—SIGNATURE	25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
	Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

26a. REGISTRAR—SIGNATURE	26b. DATE RECEIVED BY LOCAL REGISTRAR	27. DATE RECEIVED BY STATE REGISTRAR
Mary Nelson	Jan. 2, 1970	JAN 12 1970

IF UNAUTHORIZED CHANGES OR ERASURES ARE MADE VOID IN COPY

MAR 26 9 38 AM 1970

STATE OF OREGON }
County of Multnomah } ss.

DATE ISSUED: MAR 19 1970

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.

Marian M. Jones
STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

~~Filed for record at request of~~ XXXXXXXXXXXXXXXXXX

this 26th day of March A. D., 1970 at 9:38 o'clock A. M., and duly recorded in Vol. M-70, of Deeds on Page 2351

FEE $1.50 5

WM. D. MILNE, County Clerk
By Maureen K. Horstman - Deputy

MAR 26 10 31 AM 1970