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JAMES FREDRICK BLANCHARD
1613 AUSTIN ST

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 18 171 — STATE FILE NO. 335 — DATE RECEIVED FEB 13 1962

1. NAME OF DECEASED: James Fredrick Blanchard
2. PLACE OF DEATH — A. COUNTY: Klamath
   B. CITY, TOWN OR LOCATION: Klamath Falls — C. LENGTH OF STAY IN 2B: 29 yrs.
   D. NAME OF HOSPITAL OR INSTITUTION: 1613 Austin St.
3. USUAL RESIDENCE — A. STATE: Oregon — B. COUNTY: Klamath
   C. CITY, TOWN OR LOCATION: Klamath Falls X
   D. STREET ADDRESS, RURAL ROUTE, ETC.: 1613 Austin St.
4. DATE OF DEATH: January 24, 1962
5. SEX: male
6. COLOR OR RACE: white
7. MARITAL STATUS: Married
8. SOCIAL SECURITY NO.: 541-09-9316
9. USUAL OCCUPATION: Retired
10. KIND OF BUSINESS OR INDUSTRY:
11. NAME OF SPOUSE: Karle Blanchard
12. DATE OF BIRTH: December 4, 1902
13. AGE LAST BIRTHDAY: 60
14. BIRTHPLACE: Salem, Oregon
15. WAS DECEASED A CITIZEN OF: U.S.
16. IF DECEASED WAS A VETERAN, WHAT WAR?: no
17. NAME OF FATHER: James F. Blanchard
18. MAIDEN NAME OF MOTHER: Lily Hemsley
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Karle Blanchard, widow
20. CAUSE OF DEATH — PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Pneumonia
    DUE TO (B): Chronic Alcoholism & Cirrhosis
    DUE TO (C): Generalized Arterio sclerosis
    Interval between onset and death: 7-6 days
21. If deceased was female, was there a pregnancy in the past 12 months?
22. Was an autopsy performed?
23. WAS DEATH RESULT OF: Accident / Suicide / Homicide
24. IF ACCIDENT, DID INJURY OCCUR: At Work / Not at Work
25. PLACE OF INJURY
26. TIME OF INJURY
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: 1-19-62 to 1/24/62 ... alive ...
    Richard ... MD — 4036 South 6th K.F.O. — 1-25-62
29. RESERVED FOR REGISTRAR'S USE: 5511
30. DECEASED WILL BE: Buried — DATE: 1/27/62 — NAME OF CREMATORY OR CEMETERY: Klamath Memorial — LOCATION: Klamath Falls, Ore.
31. DATE RECEIVED BY LOCAL REGISTRAR: 1-25-62
32. REGISTRAR'S SIGNATURE: Marion Olson
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ... Klamath Falls, Ore.

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.

STATE OF OREGON, COUNTY OF MULTNOMAH) SS — DATE ISSUED Aug. 19 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:
WILLIAM P. BRANDSNESS
on this 27TH day of JULY A. D., 19 70
at 2:02 o'clock P M. and duly
recorded in Vol. M 70 of DEEDS
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WM. D. MILNE, County Clerk
By Hazel Drazil Deputy.

Fee $1.50

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