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STATE OF OREGON · STATE BOARD OF HEALTH · Vital Statistics Section

70-008707

214 (Local File Number)

CERTIFICATE OF DEATH

(State File Number)

1. DECEASED—NAME (First, Middle): Lydia Mae Hicks
2. DATE OF DEATH (month, day, year): June 25, 1970
3. RACE (White, Negro, American Indian, etc. (specify)): Indian
4. SEX: female
5. AGE—Last birthday (years): 40
5a. Under 1 year: mos. / 5b. days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): January 1, 1930
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Chiloquin
7c. Inside City Limits (specify yes or no): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Box 382 Chiloquin
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: Harold W. Hicks
12. SOCIAL SECURITY NUMBER: --
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): housewife
13b. KIND OF BUSINESS OR INDUSTRY: home
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Chiloquin
14d. Inside City Limits (specify yes or no): yes
14e. STREET AND NUMBER OR R.F.D.: Box 382 Chiloquin
15. FATHER—NAME first middle last: Jesse Lee Kirk
16. MOTHER—Maiden Name first middle last: Lauratte Lyia Skaan
17. INFORMANT—NAME and relationship to deceased: Harold W. Hicks husband

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): Acute Alcoholic Coma — hours
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: due to, or as a consequence of (b): Chronic Alcoholism — years
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): Liver Cirrhosis
19a. AUTOPSY (yes or no): no
19b. IF YES were findings considered in determining cause of death

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):

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: April 23, 1969 to June 25, 1970
And Last Saw Him/Her Alive on: month day year: 6-24-70
I Did/(Did Not) view the body after death (specify):
DEATH OCCURRED (hour): 7 AM M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Kenneth K. Magee
22b. NAME (type or print) degree or Title: Kenneth K. Magee, M.D.
22c. DATE SIGNED (month, day, year): June 26, 1970
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 601 Med. Dental Bldg. Klamath Falls, Oregon 97601

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): burial
24b. CEMETERY OR CREMATORY—NAME: Wilson Cemetery
24c. LOCATION city or town state: Chiloquin, Oregon
24d. DATE (mo., day, year): June 29, 1970
25a. FUNERAL DIRECTOR—SIGNATURE: Fred O'Hair
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel 515 Pine Klamath Falls Oregon
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUN 29 1970
27. DATE RECEIVED BY STATE REGISTRAR: JUL 15 1970

AUG 6 1970 (DATE ISSUED)

STATE OF OREGON
County of Multnomah

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.

AUG 12 10 29 AM 1970

VS-112 Rev. 2-10-70

STATE OF OREGON, County of Klamath } ss.

Filed for record at request of: Robert F. Nichols
on this 12th day of August A. D., 19 70
at 10:29 o'clock A. M. and duly recorded in Vol. M-70 of Deeds
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WM. D. MILNE, County Clerk
By Marian K. Ackerman Deputy.
Fee $1.50

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