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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

VOL. M 70 PAGE 8305

288
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: JULIUS Middle: ELMER Last: HENKE
2. DATE OF DEATH (month, day, year): September 14, 1970
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 81
5b. Under 1 year (mos., days)
5c. Under 1 day (hours, min.)
6. DATE OF BIRTH (month, day, year): September 15, 1888
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): Washburn Manor

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): Russia
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: ——
12. SOCIAL SECURITY NUMBER: 543-10-2455
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Laborer - retired
13b. KIND OF BUSINESS OR INDUSTRY: Saw Mills
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.: Rt. # 3 - Box # 391
15. FATHER—NAME first middle last: Jacob — Henke
16. MOTHER—Maiden Name first middle last: Eva — Natke
17. INFORMANT—NAME and relationship to deceased: Evalina Sohrakoff (Friend)

CAUSE

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

	Cause	approximate interval between onset and death
immediate cause (a)	Cerebrovascular Accident	24 Hours
due to, or as a consequence of: (b)	Previous Strokes	
due to, or as a consequence of: (c)	Cerebral Arteriosclerosis	

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

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)
20b. DATE OF INJURY (month, day, year)
20c. HOUR M.
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: 2-10-60 to 9-14-1970 And Last Saw Him/Her Alive on: 8-15-70 I Did/Did Not view the body after death (specify) DEATH OCCURRED (hour): 1:30 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

CERTIFIER

22a. PHYSICIAN—SIGNATURE: [signature] M.D.
22b. NAME (type or print): E.E. Howard, M.D.
22c. DATE SIGNED (month, day, year): SEP 14 1970
23. MAILING ADDRESS—PHYSICIAN: Medical Dental Building, Klamath Falls, Oregon 97601

9/14/70

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
24c. LOCATION: Klamath Falls, Oregon
24d. DATE (mo., day, year): Sept. 18, 1970
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS: Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: SEP 15 1970
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.

(SEAL)

NEIL BLACK, M.D., Registrar Vital Statistics

By [signature], Deputy Registrar
Date SEP 18 1970 19

VOID IF

STATE OF OREGON, County of Klamath } ss.

Filed for record at request of: Olive L. Lewis
on this 18th day of September A.D., 1970 at 2:49 o'clock P M. and duly recorded in Vol. M 70 of Deeds Page 8305

WM. D. MILNE, County Clerk
By [signature] Deputy.
60
Fee $1.50