8/27/70

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

'70-008692

45232 999
Local File Number

CERTIFICATE OF DEATH

VOL. M70 PAGE 8638
State File Number

DECEASED

1. DECEASED—NAME (First, Middle, Last): MARTHA HOPE MARTINSON
2. DATE OF DEATH (month, day, year): June 9, 1970
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE last birthday (years): 80
5b. Under 1 year (mos., days):
5c. Under 1 day (hours, min.):
6. DATE OF BIRTH (month, day, year): April 19, 1890
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
8. STATE OF BIRTH (If not in U.S.A., name country): Wisconsin
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Peter M. Martinson
12. SOCIAL SECURITY NUMBER: None
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: At Home

residence ... deceased. If death ... in institution, give ... before admission. →

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.: 803 Mitchell
15. FATHER—NAME (first, middle, last): Wilbur J. Smith
16. MOTHER—Maiden Name (first, middle, last): Leurie Ann Millerman
17. INFORMANT—NAME and relationship to deceased: Eleanor Rose (Daughter)

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
(a) Immediate cause	CONGESTIVE HEART FAILURE	4 weeks
(b) due to, or as a consequence of	MULTIPLE STROKES	
(c) due to, or as a consequence of		

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:

436.9
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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):

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: 5-15-70 to 6-9-70. And Last Saw Him/Her Alive on: 6-9-70. I Did/~~Did Not~~ view the body after death (specify): . DEATH OCCURRED (hour): 2:05 p M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: M.D.
22b. NAME (type or print): E.E.Howard, degree or Title: M.D.
22c. DATE SIGNED (month, day, year): 6-4-70
23. MAILING ADDRESS—PHYSICIAN: Medical-Dental Building, 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): June 11, 1970
25a. FUNERAL DIRECTOR—SIGNATURE: W. W. Ward
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

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26a. REGISTRAR—SIGNATURE:
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUN 12 1970
27. DATE RECEIVED BY STATE REGISTRAR: JUN 22 1970
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

SEP 28 4 05 PM 1970

STATE OF OREGON }
County of Multnomah } ss.

DATE ISSUED AUG 27 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.

Miriam M. Morton

VS-112 Rev. 2-10-70

STATE OF OREGON, }
County of Klamath } ss.

Filed for record at request of:
Klamath County Title Co.
on this 28th day of September A. D., 1970
at 4:04 o'clock P.M. and duly
recorded in Vol. M 70 of Deeds
Page 8638

WM. D. MILNE, County Clerk
By Phyllis ... Deputy.

Fee $1.50

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TRANSAME...
EQUITABLE...
WITNESSETH:
TRUST, WITH POW...
State of Oregon, descri...
MILLS ADDITION, ...
Clerk's Office, K...

Together with all the tenem... wise appertaining, the r... hereinafter given... TO H... does...