

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

DECEASED NAME: **ELIZABETH LAVERNE KESKE**

Local File Number: **13** Certificate of Death

State File Number: **445**

1. RACE: White, Negro, American Indian, Other (Specify): **White**

2. SEX: **Female**

3. AGE: **61** years

4. DATE OF BIRTH: **February 17, 1909**

5. PLACE OF BIRTH: **Klamath Falls, Oregon**

6. CITIZENSHIP: **USA**

7. SOCIAL SECURITY NUMBER: **51-22-1986**

8. USUAL OCCUPATION: **HOUSEWIFE**

9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **Married**

10. NAME OF SPOUSE: **Earl W. Keske**

11. RESIDENCE: **At home**

12. STREET AND NUMBER OR R.F.D.: **2515 Ward Street**

13. CITY, TOWN, OR LOCATION: **Klamath Falls**

14. COUNTY: **Klamath**

15. FATHER'S NAME: **S.W. Riderley**

16. MOTHER'S NAME: **Piscilla Sanders**

17. DEATH WAS CAUSED BY: **Barl W. Keske (husband)**

18. IMMEDIATE CAUSE: **Barl W. Keske**

19. INTERVIEWER: **Barl W. Keske**

20. DATE OF DEATH: **January 12, 1971**

21. TIME OF DEATH: **4:38 P.M.**

22. PLACE OF DEATH: **At home**

23. DATE RECEIVED BY LOCAL REGISTRAR: **JAN 13 1971**

24. DATE RECEIVED BY STATE REGISTRAR: **JAN 13 1971**

25. RESERVED FOR REGISTRAR'S USE

26. SIGNATURE OF REGISTRAR: **Neil Black, M.D.**

27. SIGNATURE OF DEPUTY REGISTRAR: **Barl W. Keske**

28. SIGNATURE OF WITNESSES: **Barl W. Keske**

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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.

NEIL BLACK, M.D., Registrar Vital Statistics

By Barl W. Keske, Deputy Registrar
Date JAN 14 1971

VOID IF A

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:
Barl W. Keske

on this 18th day of January A.D., 19 71
at 4:38 o'clock P.M. and duly
recorded in Vol. M71 of Deeds
Page 445

WM. D. MILNE, County Clerk

Fee \$1.50 By Barl W. Keske
Deputy.

STATE OF OREGON
Personally appeared
and acknowledged
(OFFICIAL SEAL)
NOT—the sentence between the