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is satisfied and discharged.
IN WITNESS WHER
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STATE OF OREGON }
County of Multnomah } ss.
On this _____ day
sworn, did say that he is a
NATIONAL BANK OF
corporate seal of
authority of

48276

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

VOL. 001 PAGE 468

17
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME (First, Middle, Last): William Ganong Sr
2. DATE OF DEATH (month, day, year): January 17,1971
3. RACE (White, Negro, American Indian, etc. (specify)): white
4. SEX: male
5a. AGE—Last birthday (years): 76
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): April 7, 1894
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): RX P.I.Hospital
8. STATE OF BIRTH (If not in U.S.A., name country): Mississippi
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): married
11. NAME OF SPOUSE: Mildred Ganong
12. SOCIAL SECURITY NUMBER: 542-40-7878
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Attorney
13b. KIND OF BUSINESS OR INDUSTRY: Legal
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.: 1833 Earle St
15. FATHER—NAME (first middle last): William Ganong
16. MOTHER—Maiden Name (first middle last): Era Abernethy
17. INFORMANT—NAME and relationship to deceased: William Ganong Jr Son

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
(a) immediate cause: Cardiac Arrest. — 5 min.
(b) due to, or as a consequence of: Arteriosclerotic Heart Disease. — 10 yrs
(c) due to, or as a consequence of: Emphysema

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)
Cirrhosis of liver - Uremia
AUTOPSY (yes or no): 19a. no
IF YES were findings considered in determining cause of death: 19b.

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: month day year April 16 1969 TO month day year Jan 17 1971 And Last Saw Him/Her Alive on: month day year Jan 17 1971
I Did/Did Not view the body after death (specify): did not
DEATH OCCURRED (hour): 10:30 AM M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: John D. Merryman M.D.
22b. NAME (type or print) degree or Title: John D. Merryman, M.D.
22c. DATE SIGNED (month, day, year): 1/18/71
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 300 Pine Street Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
24b. CEMETERY OR CREMATORY—NAME: Ashland Crematory
24c. LOCATION (city or town, state): Ashland, Oregon
24d. DATE (mo., day, year): Jan.19,1971
25a. FUNERAL DIRECTOR—SIGNATURE: Keith O'Hair
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel Klamath Falls Oregon
26a. REGISTRAR—SIGNATURE: Marian Scherman
26b. DATE RECEIVED BY LOCAL REGISTRAR: JAN 18 1971
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON
County of Klamath } ss.
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 _____, Deputy Registrar
Date JAN 18 1971 19

VOID IF ALT

STATE OF OREGON
County of Klamath } ss.
Filed for record at request of:
Wm. Ganong, Jr.
on this 19 day of January A. D., 19 71
at 3:35 o'clock P M. and duly
recorded in Vol. M71 of Deeds
Page 468
WM. D. MILNE, County Clerk
By _____, Deputy.
Fee $1.50