

Filed for record at request of Jessie Moore

Filed for record at request of Jessie Moore
this 11th day of March A. D., 1971 at 2:55 o'clock P. M., and duly recorded in
Vol. M 71 of Deeds on Page 2102
WM. D. MILNE, County Clerk

49633

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2102

WM. D. MILNE, County Clerk

STANDARD CERTIFICATE OF DEATH				STATE FILE NO. 65-018872	
LOCAL REGISTRAR'S NUMBER 390				DATE RECEIVED JAN 11 1966	
1. NAME OF DECEASED John Moore		2. USUAL RESIDENCE (If Institution, give institution (for full name)) A. STATE Oregon		B. COUNTY Klamath	
3. PLACE OF DEATH A. COUNTY Klamath		C. CITY, TOWN OR LOCATION Klamath Falls		D. STREET ADDRESS, RURAL ROUTE, ETC. 1904 Wantland	
B. CITY, TOWN OR LOCATION Klamath Falls 23 yrs		E. COLOR OR RACE Negro		7. MARITAL STATUS A. Single ☐ B. Married ☐ C. Widowed ☐ D. Never Married ☐	
D. NAME OF HOSPITAL (If not in hospital, give street address) Presb. Intercom. Hosp		F. NAME OF SPOUSE Mattie Moore		11. NAME OF SPOUSE Mattie Moore	
A. DATE OF DEATH Dec. 31 1965		B. SEX Male		C. KIND OF BUSINESS OR INDUSTRY Woods	
B. SOCIAL SECURITY NO. 430-01-3498		D. USUAL OCCUPATION Timber Faller		E. IF UNDER 18 YEARS None	
12. DATE OF BIRTH May 7 1901		13. AGE LAST BIRTHDAY 61		14. IF DECEASED WAS A VETERAN WHAT WAR? No	
14. BIRTHPLACE (State or Foreign Country) Louisiana		15. WAS DECEASED A CITIZEN OF A. U.S. ☒ B. Foreign Country ☐		16. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Mattie Moore, widow	
17. NAME OF FATHER No record		18. MAIDEN NAME OF MOTHER No record		19. Informant's Name and Relationship to Deceased Mattie Moore, widow	
20. CAUSE OF DEATH (Enter only one cause per line in 1st, 2nd, and 3rd) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): 1. <u>Coronary atherosclerosis</u> 2. <u>myocardial infarction</u> 3. <u>hypertension</u> PART II: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): 1. <u>myocardial infarction</u> 2. <u>hypertension</u> 3. <u>myocardial infarction</u>					
21. TIME OF DEATH A. TIME OF DEATH B. TIME OF DEATH C. TIME OF DEATH D. TIME OF DEATH E. TIME OF DEATH F. TIME OF DEATH G. TIME OF DEATH H. TIME OF DEATH I. TIME OF DEATH J. TIME OF DEATH K. TIME OF DEATH L. TIME OF DEATH M. TIME OF DEATH N. TIME OF DEATH O. TIME OF DEATH P. TIME OF DEATH Q. TIME OF DEATH R. TIME OF DEATH S. TIME OF DEATH T. TIME OF DEATH U. TIME OF DEATH V. TIME OF DEATH W. TIME OF DEATH X. TIME OF DEATH Y. TIME OF DEATH Z. TIME OF DEATH					
22. PLACE OF INJURY A. PLACE OF INJURY B. PLACE OF INJURY C. PLACE OF INJURY D. PLACE OF INJURY E. PLACE OF INJURY F. PLACE OF INJURY G. PLACE OF INJURY H. PLACE OF INJURY I. PLACE OF INJURY J. PLACE OF INJURY K. PLACE OF INJURY L. PLACE OF INJURY M. PLACE OF INJURY N. PLACE OF INJURY O. PLACE OF INJURY P. PLACE OF INJURY Q. PLACE OF INJURY R. PLACE OF INJURY S. PLACE OF INJURY T. PLACE OF INJURY U. PLACE OF INJURY V. PLACE OF INJURY W. PLACE OF INJURY X. PLACE OF INJURY Y. PLACE OF INJURY Z. PLACE OF INJURY					
23. DESCRIBE HOW INJURY OCCURRED A. DESCRIBE HOW INJURY OCCURRED B. DESCRIBE HOW INJURY OCCURRED C. DESCRIBE HOW INJURY OCCURRED D. DESCRIBE HOW INJURY OCCURRED E. DESCRIBE HOW INJURY OCCURRED F. DESCRIBE HOW INJURY OCCURRED G. DESCRIBE HOW INJURY OCCURRED H. DESCRIBE HOW INJURY OCCURRED I. DESCRIBE HOW INJURY OCCURRED J. DESCRIBE HOW INJURY OCCURRED K. DESCRIBE HOW INJURY OCCURRED L. DESCRIBE HOW INJURY OCCURRED M. DESCRIBE HOW INJURY OCCURRED N. DESCRIBE HOW INJURY OCCURRED O. DESCRIBE HOW INJURY OCCURRED P. DESCRIBE HOW INJURY OCCURRED Q. DESCRIBE HOW INJURY OCCURRED R. DESCRIBE HOW INJURY OCCURRED S. DESCRIBE HOW INJURY OCCURRED T. DESCRIBE HOW INJURY OCCURRED U. DESCRIBE HOW INJURY OCCURRED V. DESCRIBE HOW INJURY OCCURRED W. DESCRIBE HOW INJURY OCCURRED X. DESCRIBE HOW INJURY OCCURRED Y. DESCRIBE HOW INJURY OCCURRED Z. DESCRIBE HOW INJURY OCCURRED					
24. CERTIFICATE A. CERTIFICATE B. CERTIFICATE C. CERTIFICATE D. CERTIFICATE E. CERTIFICATE F. CERTIFICATE G. CERTIFICATE H. CERTIFICATE I. CERTIFICATE J. CERTIFICATE K. CERTIFICATE L. CERTIFICATE M. CERTIFICATE N. CERTIFICATE O. CERTIFICATE P. CERTIFICATE Q. CERTIFICATE R. CERTIFICATE S. CERTIFICATE T. CERTIFICATE U. CERTIFICATE V. CERTIFICATE W. CERTIFICATE X. CERTIFICATE Y. CERTIFICATE Z. CERTIFICATE					
25. RESERVED FOR REGISTRAR'S USE A. RESERVED FOR REGISTRAR'S USE B. RESERVED FOR REGISTRAR'S USE C. RESERVED FOR REGISTRAR'S USE D. RESERVED FOR REGISTRAR'S USE E. RESERVED FOR REGISTRAR'S USE F. RESERVED FOR REGISTRAR'S USE G. RESERVED FOR REGISTRAR'S USE H. RESERVED FOR REGISTRAR'S USE I. RESERVED FOR REGISTRAR'S USE J. RESERVED FOR REGISTRAR'S USE K. RESERVED FOR REGISTRAR'S USE L. RESERVED FOR REGISTRAR'S USE M. RESERVED FOR REGISTRAR'S USE N. RESERVED FOR REGISTRAR'S USE O. RESERVED FOR REGISTRAR'S USE P. RESERVED FOR REGISTRAR'S USE Q. RESERVED FOR REGISTRAR'S USE R. RESERVED FOR REGISTRAR'S USE S. RESERVED FOR REGISTRAR'S USE T. RESERVED FOR REGISTRAR'S USE U. RESERVED FOR REGISTRAR'S USE V. RESERVED FOR REGISTRAR'S USE W. RESERVED FOR REGISTRAR'S USE X. RESERVED FOR REGISTRAR'S USE Y. RESERVED FOR REGISTRAR'S USE Z. RESERVED FOR REGISTRAR'S USE					

STATE OF OREGON, COUNTY OF CLATSOP
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPALED TO THE WITH THE ORIGINAL RECORD AND
IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS TO FILE IN THE
VITAL STATISTICS SECTION OF THE OREGON STATE BOARD OF HEALTH AND IN ITS OFFICE. ONE AND CUSTODY

Return to:-

Jessie Moore
1904 Wentland St.
City

Fee 1.50