STATE OF OREGON; COUNTY OF KLAMATH; ss.

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

By [signature]

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STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND
PUBLIC HEALTH SERVICE

STATE FILE NO. '65 016872

DATE RECEIVED JAN 13 1966

LOCAL REGISTRAR'S NUMBER 391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

1. NAME OF DECEASED (First, Middle, Last)	John Moore
2. PLACE OF DEATH A. COUNTY	Klamath
B. CITY, TOWN OR LOCATION	Klamath Falls
C. LENGTH OF STAY IN 2B	23 yrs
D. NAME OF HOSPITAL OR INSTITUTION	Presb. Intercom. Hosp
3. USUAL RESIDENCE A. STATE	Oregon
B. COUNTY	Klamath
C. CITY, TOWN OR LOCATION	Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.	1904 Wantland
4. DATE OF DEATH	Dec. 31 1965
5. SEX	Male
6. COLOR OR RACE	Negro
7. MARITAL STATUS	[X] Married
8. SOCIAL SECURITY NO.	430-01-3498
9. USUAL OCCUPATION	Timber Faller
10. KIND OF BUSINESS OR INDUSTRY	Woods
11. NAME OF SPOUSE	Mattie Moore
12. DATE OF BIRTH	May 7 1901
13. AGE LAST BIRTHDAY	61
14. BIRTHPLACE	Louisiana
15. WAS DECEASED A CITIZEN OF	[X] U.S.A.
16. IF DECEASED WAS A VETERAN, WHAT WAR?	No
17. NAME OF FATHER	No record
18. MAIDEN NAME OF MOTHER	No record
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED	Mattie Moore, widow

MEDICAL CERTIFICATION

		Interval between onset and death
20. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	Carcinoma prostate c metastasis	6 yrs / 4 mo
DUE TO (B)	uremia	1 yr
DUE TO (C)	[illegible]	

22. Was an autopsy performed? [X] No

26. TIME OF INJURY

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATION: I certify that I attended the deceased from September 22, 1961 to 12/31/65 and that the death occurred at 9:50 PM on the date stated above. [signature] MD, 425 Pine St. Klamath Falls, 1-4-66

177X

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE [X] Buried — DATE 1/4/66 — NAME OF CEMETERY OR CREMATORY Eternal Hills Mem. Gds. — LOCATION Klamath Falls, Ore

31. DATE RECEIVED BY LOCAL REGISTRAR 1-6-66

32. REGISTRAR'S SIGNATURE [signature]

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS [signature] O'Hair's 515 Pine Klamath Falls

Feb. 1 1971

STATE OF OREGON, COUNTY OF MARION: THIS COPY HAS BEEN COMPARED WITH THE ORIGINAL RECORD AND I HEREBY CERTIFY THAT THE FOREGOING COPY 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.

[signature] STATE REGISTRAR

Return to:-
Jessie Moore
1904 Wantland St.
City

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Fee 1.50