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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

VOL M71 PAGE 2481

Local File Number 66

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: Emma Middle: Jane Last: West
2. DATE OF DEATH (month, day, year): March 12, 1971
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 88
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): December 10, 1882
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no):
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Washburn Conv.
8. STATE OF BIRTH (If not in U.S.A., name country): Wisconsin
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Merle S. West
12. SOCIAL SECURITY NUMBER: 541-09-80688
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: Home
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no):
14e. STREET AND NUMBER OR R.F.D.: 429 N. 4th
15. FATHER—NAME first middle last: George Osterman
16. MOTHER—Maiden Name first middle last: Unknown
17. INFORMANT—NAME and relationship to deceased: Merle S. West Husband

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. Immediate cause (a) probable cerebral vascular accident — 1 Hour
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b)
due to, or as a consequence of:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): She had previous stroke

19a. AUTOPSY (yes or no): no
19b. IF YES were findings considered in determining cause of death:

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 Jan. 1971 to month day year Mar. 1971 And Last Saw Him/Her Alive on: month day year Mar 8 1971 I Did/Did Not view the body after death (specify)
DEATH OCCURRED (hour): 11:45 pm at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: W R Lilly MD
22b. NAME (type or print): W. R. LILLY degree or Title: MD
22c. DATE SIGNED (month, day, year): 3/13/71
23. MAILING ADDRESS—PHYSICIAN: street 1437 Esplanade city or town Klamath Falls state Ore. zip 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
24b. CEMETERY OR CREMATORY—NAME: Ashland Crematorium
24c. LOCATION city or town state: Ashland, Oregon
24d. DATE (mo., day, year): March 14, 1971
25a. FUNERAL DIRECTOR—SIGNATURE: Floyd E. Lancaster
25b. FUNERAL HOME—NAME AND ADDRESS (street, city of town, state, zip): O'Hair Funeral Chapel 515 Pine Klamath Falls, Ore.
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: MAR 15 1971
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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 Marian Ackerman Deputy Registrar
Date MAR 18 1971 19

VOID IF ALTERED

STATE OF OREGON, COUNTY OF KLAMATH: ss.
Filed for record at request of (Canonig) Canonig & Gordon
this 24th day of March A.D., 19 71 at 1103 o'clock A M., and duly recorded in Vol. M 71 of Deeds on Page 2431
Fee $1.50

WM. D. MILNE, County Clerk
By Alice A. Rogers