STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Local File Number 80

CERTIFICATE OF DEATH

DECEASED

1. DECEASED—NAME: First Alfreda Middle Mildred Last Davidson
2. DATE OF DEATH (month, day, year): September 15, 1970
3. RACE (White, Negro, American Indian, etc. (specify)): white
4. SEX: female
5a. AGE—Last Birthday (years): 71
5b. Under 1 year: mos. / days / hours / min.
6. IF DEATH OCCURRED IN HOSPITAL OR OTHER INSTITUTION—NAME (If not, give street address): P.I. Hospital
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits? (specify yes or no): Yes
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): married
11. NAME OF SURVIVING SPOUSE: Jesse E Davidson
12. SOCIAL SECURITY NUMBER: 541 18 6236
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. FATHER—NAME: first Oregon middle last unknown
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits? (specify yes or no): yes
15. MOTHER—Maiden Name: first unknown middle last unknown
16. STREET AND NUMBER: 5231 Miller Ave
17. INFORMANT—NAME and relationship to deceased: Jesse E Davidson husband
18a. Usual residence where deceased lived. If death occurred in institution, give residence before admission.
18b. STREET AND NUMBER: 5231 Miller Ave
18c. CITY, TOWN, OR LOCATION: Klamath Falls
18d. Inside City Limits? (specify yes or no): yes
19. DATE SIGNED (month, day, year): 9-17-70
20a. DISPOSITION: burial
20b. PLACE OF DISPOSITION: Eternal Hills
20c. LOCATION (street or R.F.D. No., city or town, county, state): 515 Pine Klamath Falls Oregon
20d. DATE (month, day, year): Sept. 18,1970
20e. IDENTIFICATION—PHYSICIAN I attended the deceased from: month / day / year
20f. month / day / year
20g. And Last Saw Him/Her Alive on: month / day / year
20h. I Did/Did not view the body after death (specify)
21. PHYSICIAN—SIGNATURE: Everett E. Howard, M.D.
22a. MAILING ADDRESS—PHYSICIAN: EVERETT E. HOWARD, M.D. 613 Medical Dental Bldg. Klamath Falls Oregon
22b. NAME (type or print): Everett E. Howard, M.D.
23. BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify): burial
24a. FUNERAL DIRECTOR—SIGNATURE: O'Hair's Funeral Chapel
24b. LOCATION: city or town
24c. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral chapel 515 Pine Klamath Falls Oregon
25a. REGISTRAR—SIGNATURE: Marian Robinson
25b. DATE RECEIVED BY LOCAL REGISTRAR: SEP 17 1970
26a. RESERVED FOR REGISTRAR'S USE
26b. DATE RECEIVED BY STATE REGISTRAR
27. DATE (mo., day, year)
28. VS-2 R-69

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)
19a. AUTOPSY (yes or no)
19b. IF YES were findings considered in determining cause of death
20. ACCIDENT (specify yes or no)
20a. DATE OF INJURY (month, day, year)
20b. HOUR
20c. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20d. INJURY AT WORK (specify yes or no)
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20f. LOCATION (street or R.F.D. No., city or town, county, state)

PART I. DEATH WAS CAUSED BY:
18. Immediate cause (a) Lung Infection
due to, or as a consequence of: (b) Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: due to, or as a consequence of: (c)

(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

CERTIFIER

BURIAL

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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 Marian Robinson, Deputy Registrar
Date SEP 21 1970
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH: ss.
Filed for record at request of Jesse E. Davidson
this 15th day of April A. D., 19 71 at 10:08 o'clock A M., and duly recorded in Vol. M 71, of Deeds on Page 3219
$1.50
WM. D. MILNE, County Clerk
By Alice C Kruger