STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number [illegible]

DECEASED

1. NAME—First: BERTHA; Middle: MARIA; Last: MOORE
2. DATE OF DEATH (month, day, year): January 25, 1971
3. COUNTY OF DEATH: Klamath
4. SEX: Female
5a. AGE—last birthday (years): 78
5b. If Under 1 year, months: —
5c. If Under 1 day, hours: —
5d. If Under 1 day, min.: —
6. DATE OF BIRTH (month, day, year): August 27, 1892
7a. STATE OF BIRTH (If not in U.S.A., name country): Pennsylvania
7b. CITIZEN OF WHAT COUNTRY: USA
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Presbyterian Intercommunity
8. SOCIAL SECURITY NUMBER: [illegible]
9. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: —
12. RESIDENCE—STATE: Oregon
13a. CITY, TOWN, OR LOCATION: Klamath Falls
13b. STREET AND NUMBER OR R.F.D.: At home
13c. COUNTY: Klamath
14a. KIND OF BUSINESS OR INDUSTRY: —
14b. FATHER—NAME first middle last: Lars Peter Karlson
14c. MOTHER—Maiden Name first middle last: Hannah Sophia Peterson
14d. Inside City Limits (specify yes or no): No
14e. INFORMANT—NAME and relationship to deceased: Ray R. Cryderman (Son)
15. Usual residence (Place where deceased lived. If death occurred in institution, give residence before admission.)
16. Box # 11
17. [illegible]

CAUSE

PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

18. (a) immediate cause: [illegible]
(b) due to, or as a consequence of: [illegible]
(c) due to, or as a consequence of: [illegible]

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

19. [illegible]

CERTIFIER

PHYSICIAN—SIGNATURE AND TITLE: [illegible] M.D.
20a. ACCIDENT (specify yes or no): —
20b. DATE OF INJURY (month, day, year): —
20c. HOUR: —
20d. HOW INJURY OCCURRED (enter nature of injury in part II, item 19): —
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): —
20h. AUTOPSY (yes or no): No
20i. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year
20j. And Last Saw Him/Her Alive on: month day year
20k. DEATH occurred (hour): 6:35 A. M.
20l. If YES were findings considered in determining cause of death: —
20m. I, Did/Did Not (strike out one) view the body after death (specify): —
21. PHYSICIAN—SIGNATURE AND TITLE: [illegible] M.D.
22a. MAILING ADDRESS—PHYSICIAN: [illegible] street
22b. NAME (type or print): G.A. Massey, M.D.
degree or Title
city or town
state
23. DATE SIGNED (month, day, year): January 25 1971

BURIAL

BURIAL, CREMATION, REMOVAL, OTHER (specify): 1987 Esplanade, Klamath Falls, Oregon 97601
24a. FUNERAL DIRECTOR—SIGNATURE AND ADDRESS: Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION: Klamath Falls, Oregon
city or town
25a. REGISTRAR—SIGNATURE: [illegible]
25b. DATE RECEIVED BY LOCAL REGISTRAR: JAN 26 1971
26a. RESERVED FOR REGISTRAR'S USE: [illegible]
26b. DATE RECEIVED BY STATE REGISTRAR: —
27. [illegible]
28. [illegible]

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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.

(SEAL)

NEIL BLACK, M.D., Registrar Vital Statistics
By [illegible], Deputy Registrar
Date JAN 27 1971 19
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Robert Puckett, Attorney at Law
this 20th day of April A. D., 1971 at 10:16 o'clock A M., and duly recorded in
Vol. M 71, of Deeds on Page 3397.
Fee 1.50
WM. D. MILNE, County Clerk
By [illegible]