APR 23 3 16 PM 1971

50930 VOL M 71 PAGE 3573

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 112

State File Number:

DECEASED

1. DECEASED—NAME: First William; Middle Anthony; Last Bourell
2. DATE OF DEATH (month, day, year): April 16, 1971
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 80
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): May 6, 1890
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): P. I. Hospital
8. STATE OF BIRTH (If not in U.S.A., name country): Illinois
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Ida Bourell
12. SOCIAL SECURITY NUMBER: 544-07-9784 A
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Carpenter
13b. KIND OF BUSINESS OR INDUSTRY: Construction
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 2134 Oregon
15. FATHER—NAME first middle last: Thornton Bourell
16. MOTHER—Maiden Name first middle last: Martha Thompson
17. INFORMANT—NAME and relationship to deceased: Ida Bourell; Wife

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))

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

		approximate interval between onset and death
18. immediate cause (a)	Pneumonia	5 days
due to, or as a consequence of: (b)	Strain	6-7 days
due to, or as a consequence of: (c)	Fractured hip	6-7 days

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

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 Dec. 1968 to month day year April 16, 1971
And Last Saw Him/Her Alive on: month day year 4 15 71
I Did/Did Not view the body after death (specify)
DEATH OCCURRED (hour) 1:50AM M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Kenneth K. Magee, M.D.
22b. NAME (type or print) degree or Title: Kenneth K. Magee, M.D.
22c. DATE SIGNED (month, day, year): April 19, 1971
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 601 Med. Dental Bldg. Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): April 19, 1971
25a. FUNERAL DIRECTOR—SIGNATURE: Jack H. Gorge
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel; 515 Pine, Klamath Falls, Oregon 97601
26a. REGISTRAR—SIGNATURE: Marian Ickerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1971
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON
County of Klamath ss.
This certified 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 ____, Deputy Registrar
Date APR 20 1971 19

STATE OF OREGON: COUNTY OF KLAMATH: ss.
Filed for record at request of J. ANTHONY GIAVONNI
this 23rd day of APRIL A.D. 1971 at 3:16 o'clock P M., and duly recorded in Vol. M 71 on Page 3573
DEENIS WM. D. MILNE, County Clerk
By ____
FEE $1.50