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CERTIFIED COPY

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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFICATE OF DEATH

Local File Number 6 State File Number

DECEASED-NAME First Middle Last
1. GRAHAM CHARLES BERRY

2. DATE OF DEATH (month, day, year)
January 3, 1970

3. RACE White, Negro, American Indian, etc. (specify)
White

4. SEX Male

5. AGE-Last birthday (years)
77

6. DATE OF BIRTH (month, day, year)
October 11, 1892

7. COUNTY OF DEATH
Klamath

8. CITY, TOWN, OR LOCATION OF DEATH
Klamath Falls

9. CITIZEN OF WHAT COUNTRY
USA

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
Married

11. HOSPITAL OR OTHER INSTITUTION-NAME (if not in either, give street and number)
Presbyterian Intercommunity

12. SOCIAL SECURITY NUMBER
525-01-3036 - A

13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)
Farmer - retired

14. RESIDENCE-STATE
Oregon

15. FATHER-NAME first middle last
Samuel D. Berry

16. MOTHER-Maiden Name first middle last
Anna Miller

17. INFORMANT-NAME and relationship to deceased
Laura Berry (Wife)

18. DEATH WAS CAUSED BY:
(a) Immediate cause
Cancer of Pancreas
(b) due to, or as a consequence of:
(c) due to, or as a consequence of:

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

20. ACCIDENT (specify yes or no)
No

21. DATE OF INJURY (month, day, year)
12-15-69

22. HOUR
1-3-70

23. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
1-3-70

24. DEATH OCCURRED (hour)
12:35 P.M.

25. PHYSICIAN-SIGNATURE
Everett E. Howard, M.D.

26. M.D.
Everett E. Howard, M.D.

27. MAILING ADDRESS-PHYSICIAN
Medical Dental Building, Klamath Falls, Oregon 97601

28. BURIAL, CREMATION, REMOVAL, MAUS. (specify)
Burial

29. CEMETERY OR CREMATORY-NAME
Klamath Memorial Park

30. LOCATION city or town state
Klamath Falls, Oregon

31. FUNERAL DIRECTOR-SIGNATURE
Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

32. REGISTRAR-SIGNATURE
Marian M. Martin

33. DATE RECEIVED BY LOCAL REGISTRAR
JAN 8 1970

34. DATE RECEIVED BY STATE REGISTRAR
JAN 19 1970

STATE OF OREGON
County of Multnomah

DATE ISSUED JUN 5 1970

I hereby certify that the foregoing copy has been compared by me with the original document and 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.

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Mrs. Graham Berry
this 11th day of May A.D. 1971 at 2:43 o'clock P.M., and duly recorded in
Vol. M71 of Deeds on Page 4235

Fee \$1.50

WM. D. MILNE, County Clerk
By Cynthia A. [Signature]