

July 21 3:08 PM 1971

409

STATE OF OREGON - STATE BOARD OF HEALTH  
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. M1 PAGE 7654

DECEASED

Local File Number: 409

First Name: Cyril John Miles

Middle Name: John

Last Name: Miles

DATE OF BIRTH (month, day, year): December 16, 1970

DATE OF DEATH (month, day, year): August 25, 1972

1. RACE: White

2. SEX: Male

3. AGE: 58

4. COUNTY OF DEATH: Klamath

5. CITY, TOWN, OR LOCATION OF DEATH: Klamath County

6. USUAL OCCUPATION (give kind of work done during most of working life): Logging Truck Operator

7. CITIZENSHIP: U.S. Citizen

8. STATE OF BIRTH: Oregon

9. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (check one): MARRIED

10. NAME OF SPOUSE: Margaret Miles

11. KIND OF BUSINESS OR INDUSTRY: Logging

12. RESIDENCE-STATE: Oregon

13. CITY, TOWN, OR LOCATION: Klamath Falls

14. STREET AND NUMBER OR RFD: 4542 Laverne Ave

15. FATHER'S NAME: John Miles

16. MOTHER'S NAME: Mary Johnson

17. INFORMATION-NAME and relationship to deceased: Margaret Miles, widow

18. DEATH WAS CAUSED BY: Immediate Cause: Coronary Occlusion

19. (a) due to, or as a consequence of: (b) due to, or as a consequence of: (c) due to, or as a consequence of:

20. PART II: OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a) AUTOPSY: If YES, were findings considered in determining cause of death? (yes or no) 19a. NO 19b. YES

21. DATE OF INJURY (month, day, year):

22. HOUR: M. 23. LOCATION: (street or R.F.D. No., city or town, county, state)

24. PLACE OF INJURY (if home, first, street, factory, office, shop, etc., specify):

25. CERTIFICATION-MEDICAL INVESTIGATION: (1) I, the undersigned, being a duly qualified medical investigator, certify that the above is a true and correct copy of the original record of the death as the same appears in the files of the Department of Health, State of Oregon. (2) I certify that the above is a true and correct copy of the original record of the death as the same appears in the files of the Department of Health, State of Oregon.

26. MEDICAL INVESTIGATOR: Neil Black M.D.

27. DATE SIGNED (month, day, year): 17 Dec 1970

28. SIGNATURE: Neil Black M.D.

29. NAME (type or print): Neil Black

30. ADDRESS: 2200 Neil Black

31. CITY, TOWN, OR LOCATION: Klamath Falls

32. COUNTY: Klamath

33. STATE: Oregon

34. DATE RECEIVED BY LOCAL REGISTRAR: DEC 17 1970

35. DATE RECEIVED BY STATE REGISTRAR: DEC 17 1970

36. RESERVED FOR REGISTRAR'S USE:

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: [Signature] Deputy Registrar

Date: 11/16/1970

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Walker Realty

this 21st day of July, A.D., 1971 at 3:08 o'clock P.M., and duly recorded in

Vol. M71 of Deeds on Page 7654

Fee \$1.50

30

WM. D. MILNE, County Clerk

By: Cynthia Campbell