

SEP 10 2 04 PM 1971

56238 STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section Vol. 71 PAGE 9652

259 CERTIFICATE OF DEATH

Local File Number: _____ State File Number: _____

DECEASED—NAME: **GEORGE HENRY MURPHY** First Middle Last

1. RACE: **White** 2. SEX: **Male** 3. AGE: **78** years, **10** months, **10** days, **10** hours, **10** minutes

4. COUNTY OF DEATH: **Klamath** 5. CITY, TOWN, OR LOCATION OF DEATH: **Klamath Falls** 6. DATE OF BIRTH (month, day, year): **October 17, 1892**

7. CITIZEN OR WHAT COUNTRY: **U.S.A.** 8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): **Married** 9. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): **Ponderosa Nursing Home**

10. SOCIAL SECURITY NUMBER: **516-12-0893** 11. KIND OF BUSINESS OR INDUSTRY: **Meat markets**

12. RESIDENCE—STATE: **Oregon** 13. CITY, TOWN, OR LOCATION: **Klamath Falls** 14. INCLUDE CITY LIMITS (specify yes or no): **Yes** 15. STREET AND NUMBER OR R.F.D.: **611 N. 11th Street**

16. FATHER—NAME: **David** 17. MOTHER—Maiden Name: **Hattie** 18. INDEMNITY—NAME and relationship to deceased: **Lloyd G. Murphy (Son)**

19. DEATH WAS CAUSED BY: **Myocardial Infarction** (Immediate cause) **Arteriosclerosis** (Underlying cause) **14 years** (Interval between onset and death)

20. CAUSE: **Myocardial Infarction** (Immediate cause) **Arteriosclerosis** (Underlying cause) **14 years** (Interval between onset and death)

21. ACCIDENT (specify yes or no): **No** 22. DATE OF INJURY (month, day, year): **Feb. 16 1965** 23. HOUR: **1:15 P.M.** 24. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): **did not**

25. INJURY AT WORK (specify yes or no): **No** 26. PLACE OF INJURY (home, farm, street, factory, office bldg., etc. (specify)): **Home** 27. LOCATION (street or R.F.D. No., city or town, county, state): **Klamath Falls, Oregon**

28. CERTIFICATION—DATE (month, day, year): **Aug. 23 1971** 29. TIME (month, day, year): **Aug. 20, 1971** 30. DEATH OCCURRED (at the place, on the date, and, to the best of my knowledge, the cause of death stated): **1:15 P.M. Aug. 25, 1971**

31. PHYSICIAN—SIGNATURE: **E.E. Howard** 32. NAME (type or print): **E.E. Howard** 33. DEGREE OR TITLE: **M.D.** 34. DATE SIGNED (month, day, year): **Aug. 25, 1971**

35. MAILING ADDRESS—PHYSICIAN: **2602 Campus Drive** 36. CITY OR TOWN: **Klamath Falls** 37. STATE: **Oregon** 38. ZIP: **97601**

39. BURIAL, CREMATION, REMOVAL, CEMETERY OR CREMATORI—NAME: **Klamath Memorial Park** 40. LOCATION: **Klamath Falls, Oregon** 41. DATE (month, day, year): **Aug. 26, 1971**

42. FUNERAL DIRECTOR—SIGNATURE: **Walter S. Klamath** 43. NAME (type or print): **Walter S. Klamath** 44. ADDRESS: **Walter S. Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601**

45. REGISTRAR—SIGNATURE: **Neil Black** 46. DATE RECEIVED BY LOCAL REGISTRAR: **AUG 26 1971** 47. DATE RECEIVED BY STATE REGISTRAR: **Aug 26 1971**

48. RESERVE 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 Marion Polkman, Deputy Registrar
Date AUG 26 1971

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH, ss.

Filed for record at request of Minnie Murphy

this 10th day of Sept. A.D., 19 71 at 2:04 o'clock P.M., and duly recorded in
Vol. M71 of Deeds on Page 9652

Fee \$1.50

By WM. D. MILNE, County Clerk
Cynthia Campbell