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 *Marian Eckerman*, Deputy Registrar
Date NOV 2 1971 19

(SEAL)

VOID IF ALTERED

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NOV 8 12 37 PM 1971

336 Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: Ernest Middle: - Last: Hewitt
2. DATE OF DEATH (month, day, year): November 1, 1971
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 74
6. DATE OF BIRTH (month, day, year): September 16, 1897
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): 5819 Balsm Dr.
8. STATE OF BIRTH (if not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Nellie Hewitt
12. SOCIAL SECURITY NUMBER: 562-01-7054-A
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Laborer
13b. KIND OF BUSINESS OR INDUSTRY: Timber
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.: 5819 Balsm Dr.
15. FATHER—NAME first middle last: Ike Hewitt
16. MOTHER—Maiden Name first middle last: Samatha Chandler
17. INFORMANT—NAME and relationship to deceased: Nellie Hewitt, wife

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))
(a) immediate cause: CIRRHOSIS LIVER WITH ASCITES — approximate interval between onset and death: 3 MONTHS
(b) due to, or as a consequence of:
(c) due to, or as a consequence of:

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)
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: Dec. 5 67 to Nov. 1, 1971; And Last Saw Him/Her Alive on: Oct. 23 71; I did/Did Not view the body after death (specify); DEATH OCCURRED (hour) 1:00 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: *Everett E. Howard*
22b. NAME (type or print): Everett E. Howard, degree or title M.D.
22c. DATE SIGNED (month, day, year): 11-1-71
23. MAILING ADDRESS—PHYSICIAN: 2622 Campus Dr., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION: Klamath Falls, Oregon
24d. DATE (mo., day, year): 11-3-71
25a. FUNERAL DIRECTOR—SIGNATURE: *[signature]* #130
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, K. Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: *Marian Eckerman*
26b. DATE RECEIVED BY LOCAL REGISTRAR: NOV 2 1971
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Nellie Hewitt

this 8th day of November A. D., 19 71 at 12:37 o'clock P. M., and duly recorded in

Vol. M71, of Deeds on Page 11635

WM. D. MILNE, County Clerk

By *Cynthia Crosfield*

Fee $1.50 31