

61421

331
Local File Number

STATE OF OREGON
DEPARTMENT OF HEALTH
Vital Statistics Section
CERTIFICATE OF DEATH

FEB 22 10 23 AM 1972
1844

State File Number

DECEASED-NAME: James Curtis Raney
Local File Number: 331
State File Number: 1844

1. DECEASED-NAME: James Curtis Raney
2. DATE OF DEATH (month, day, year): October 30, 1971
3. RACE (Specify): White
4. SEX: Male
5. AGE (last birthday (years), mos., days, hours, min.): 74
6. DATE OF BIRTH (month, day, year): Feb. 18, 1897
7. COUNTY OF DEATH: Klamath
8. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED (Never married, Married (Specify date of marriage (month, day, year))): Married
11. NAME OF SPOUSE: Lilla Aetna Raney
12. HOSPITAL OR OTHER INSTITUTION (Name, street, city, town, or location, state): O.H.A. 1188, Intertcomm. Hospital
13. SOCIAL SECURITY NUMBER: 703-10-9671
14. RESIDENCE-STATE: Oregon
15. CITY, TOWN, OR LOCATION: Klamath Falls
16. STREET AND NUMBER OR R.F.D. NO.: 125 Lowell St.
17. INFORMANT-NAME and relationship (Specify): Lilla Aetna Raney, wife
18. DEATH CAUSED BY: Immediate Cause: *transitory occlusion*
19. (a) due to, or as a consequence of: *immature*
(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)

20. DATE OF INJURY (month, day, year):
21. PLACE OF INJURY (Specify factory, office, home, farm, etc.):
22. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18):
23. AUTOPSY (If YES, was findings considered in determining cause of death):
24. CERTIFICATION-MEDICAL INVESTIGATOR: I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:
25. BEATH OCCURRED (month, day, year):
26. THE DECEASED WAS PRONOUNCED DEAD (month, day, year):
27. CERTIFIER-SIGNATURE: *Neil Black*
28. MEDICAL INVESTIGATOR: *Neil Black*
29. NAME (Type or print):
30. LOCATION:
31. DATE SIGNED (month, day, year):
32. DEGREE OR TITLE: M.D.
33. BUREAU OF VITAL STATISTICS, OREGON: *Klamath*
34. CEMETERY OR CREMATORY-NAME: *Eternal Hills*
35. LOCATION: *1202-71*
36. FUNERAL HOME-NAME AND ADDRESS: *Klamath Falls, Oregon*
37. CITY OR TOWN: *Klamath Falls, Oregon*
38. STATE: *Oregon*
39. DATE (month, day, year): *11-2-71*
40. REGISTRATION SIGNATURE: *Marion Johnson*
41. #130: *0'Hair's Funeral Chapel, 515 Pine, K. Falls, Ore. 97601*
42. DATE RECEIVED BY LOCAL REGISTRAR: *NOV 1 1971*
43. DATE RECEIVED BY STATE REGISTRAR:

VS-107 R-70 ORIGINAL - VITAL STATISTICS COPY

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 Johnson* Deputy Registrar
Date *NOV 2 1971*

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of LELA AETNA RANEY

this 22nd day of FEBRUARY A. D., 1972 at 10:23 o'clock A M., and duly recorded in

Vol. M.72, of DEEDS on Page 1844

FEE \$2.00

WM. D. MILNE, County Clerk

By *Hazel Drazil* Deputy