61791 STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section
Vol. M72 Page 2291

866 (Local File Number)

CERTIFICATE OF DEATH

(State File Number)

1. DECEASED—NAME: First: Albert; Middle: Owen; Last: BAILEY					2. DATE OF DEATH (month, day, year): November 27, 1971
3. RACE (White, Negro, American Indian, etc. (specify)): White	4. SEX: Male	5a. AGE—Last birthday (years): 76	5b. Under 1 year: mos. / days	5c. Under 1 day: hours / min.	6. DATE OF BIRTH (month, day, year): February 11, 1895
7a. COUNTY OF DEATH: Clackamas	7b. CITY, TOWN, OR LOCATION OF DEATH: Portland	7c. Inside City Limits (specify yes or no): No	7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 911 S. E. 82nd		
8. STATE OF BIRTH (If not in U.S.A., name country): Indiana	9. CITIZEN OF WHAT COUNTRY: U.S.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Franc Bailey		
12. SOCIAL SECURITY NUMBER: 543-18-4543 A	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Contractor		13b. KIND OF BUSINESS OR INDUSTRY: Self employed		
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.: 1929 Esplande Street	
15. FATHER—NAME first middle last: James O Bailey	16. MOTHER—Maiden Name first middle last: Lilly May Francis		17. INFORMANT—NAME and relationship to deceased: Mrs. Franc Bailey - wife		

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

		approximate interval between onset and death
18. Immediate cause (a)	METASTATIC CARCINOMA	2 MONTHS
due to, or as a consequence of: (b)	CARCINOMA OF THE OESOPHAGUS	2 MONTHS?
due to, or as a consequence of: (c)		

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): ARTERIOSCLEROTIC HEART DISEASE WITH CONGESTIVE HEART FAILURE.

19a. AUTOPSY (yes or no): No — 19b. IF YES were findings considered in determining cause of death:

20a. ACCIDENT (specify yes or no): NO	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no): 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)	

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year 11-6-1971 to month day year 11-27-71. And Last Saw Him/Her Alive on: month day year 11-27-71. I Did/Did Not view the body after death (specify): DID NOT. DEATH OCCURRED (hour): 5:45 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: John Antonovic, M.D. — 22b. NAME (type or print): John Antonovic degree or Title: M.D. — 22c. DATE SIGNED (month, day, year)

23. MAILING ADDRESS—PHYSICIAN: street: 2800 N. Vancouver; city or town: Portland; state: Oregon; zip: 97227

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Mausoleum — 24b. CEMETERY OR CREMATORY—NAME: Portland Memorial — 24c. LOCATION city or town: Portland; state: Oregon — 24d. DATE (mo., day, year): Nov. 30, 1971

25a. FUNERAL DIRECTOR—SIGNATURE: Val McAdams — 25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Portland Memorial Funeral Home Portland, Oregon 97202

26a. REGISTRAR—SIGNATURE: Virginia Millsap Deputy Registrar — 26b. DATE RECEIVED BY LOCAL REGISTRAR: December 1, 1971 — 27. DATE RECEIVED BY STATE REGISTRAR

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON)
)
County of CLACKAMAS)

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Clackamas County Health Department.

(S E A L)

Holland M. Eastman D
Registrar of Vital Statistics

Virginia Millsap December 2, 1971
Deputy Registrar Date

STATE OF OREGON, COUNTY OF KLAMATH; ss.

Filed for record at request of KLAMATH COUNTY TITLE CO

this 2nd day of MARCH A. D. 19 72 at 3:25 o'clock P. M., and duly recorded in Vol. M 72, of DEEDS on Page 2291

FEE $2.00

WM. D. MILNE, County Clerk

By Hazel Dragel