

MAR 17 12 53 PM 1971

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STANDARD CERTIFICATE OF DEATH

STATE OF OREGON

DEPARTMENT OF HEALTH - OREGON

FEDERAL BUREAU OF INVESTIGATION - U.S. PUBLIC HEALTH SERVICE

1. NAME (Last, first, middle initial) **LEIGH MILLER ACKERMAN**

2. PLACE OF BIRTH **LEIGH**

3. PLACE OF DEATH **CLATSOP**

4. CITY **Klamath Falls**

5. COUNTY **Klamath**

6. STATE **OREGON**

7. DATE OF DEATH **June 16, 1951**

8. TIME OF DEATH **10:15**

9. SEX **Male**

10. AGE **65**

11. RACE **White**

12. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED **Widowed**

13. DATE OF BIRTH **Jan 4, 1886**

14. PLACE OF BIRTH **Lebanon, Iowa**

15. CITIZENSHIP **USA**

16. FATHER'S NAME **Charles Ackerman**

17. MOTHER'S MAIDEN NAME **Elmira Miller**

18. USUAL OCCUPATION **Police Judge**

19. KIND OF BUSINESS OR INDUSTRY **None**

20. VETERAN, NAME WAR **World War I**

21. MEDICAL CERTIFICATION: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

22. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH **Heart failure**

23. ANTICIPATED CAUSES **coronary thrombosis and arteriosclerosis**

24. OTHER SIGNIFICANT CONDITIONS **Prostate cancer**

25. DATE OF OPERATION **6/16/51**

26. MAJOR FINDINGS OF OPERATION **Prostate cancer**

27. ACCIDENT, SUICIDE, HOMICIDE, OR OTHER **None**

28. PLACE OF INJURY **None**

29. CITY, TOWN, OR TOWNSHIP **None**

30. COUNTY **None**

31. STATE **None**

32. HOW DID INJURY OCCUR **None**

33. PHYSICIAN CERTIFY THAT HE ATTENDED THE DECEASED FROM **6/14/51 to 6/16/51** THAT HE LAST SAW THE DECEASED ALIVE ON **6/16/51** AND THAT DEATH OCCURRED AT **9:30a** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

34. SIGNATURE **E. Butcher**

35. ADDRESS **Portland, Oregon**

36. DATE **6/18/51**

37. NAME OF CLERK OR CLERICAL ASSISTANT **Wm. D. Milne**

38. ADDRESS **Portland, Oregon**

39. DATE **6/18/51**

STATE OF OREGON, COUNTY OF MULTNOMAH)SS

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

DATE ISSUED Sep. 28 1971

M. M. M. STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Catherine Ligan

this 17 day of March A. D. 1972 at 12:52 o'clock P. M., and duly recorded in

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2.00

Wm. D. Milne County Clerk

By [Signature]

FORM No. 1967/50

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