2-2145

Oregon State Board of Health
Division of Vital Statistics

Standard Certificate of Death

STATE OF OREGON

State File No. 1332
Local Registrar's No.

1-29-45

1. PLACE OF DEATH
(a) County Klamath FEB 6 1946
(b) City or town
(If outside city or town limits write RURAL)
(c) Name of hospital or institution
Jordan Co. Camp Port. Lbr. Mills
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community 1 day In state 1 year

2. USUAL RESIDENCE OF DECEASED
(a) State Ore. (b) County Wasco
(c) City or town Gaston
(If outside city or town limits write RURAL)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years 94A

3. (a) FULL NAME John Carlos Young
(b) If veteran, name war II World (c) Social Security No.
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 27 1906 (Month) (Day) (Year)
8. Age: Years 39 Months 11 Days 23 If less than one day hr. min.
9. Birthplace Pueblo Colo. (City, town, or county) (State or foreign country)
10. Usual occupation Logger
11. Industry or business
12. Name Claude L. Young
13. Birthplace Toledo Ohio (City, town, or county) (State or foreign country)
14. Maiden name Rose McDaniel
15. Birthplace White Oaks N.M. (City, town, or county) (State or foreign country)
Informant's own signature Claude L. Young
Address Wasco, Wash.
Removal (b) Date thereof 1-28-46 (Month) (Day) (Year)
(Burial, cremation, or removal)
Place: burial or cremation Wasco, Wash.
Signature of funeral director A. C. Lundberg
Address Klamath Fls. Ore. 152
Received for record (b) A. C. Lundberg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. Date of death: Month Jan. day 27 year 1946 hour 10:00 minute A.M.
21. I hereby certify that I attended the deceased from after birth
19 10 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary occlusion due to arteriosclerosis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. E. Tuttle (M. D. or other)
Address Salem, Ore. Date signed 1-29-46
A. C. Lundberg, Director

STATE OF OREGON }
COUNTY OF MULTNOMAH } ss

JAN 2 1947.

This is to certify that the foregoing is a photostatic copy of the original record on file with the Division of Vital Statistics, State Board of Health.

By Direction of
Harold M. Erickson, M.D.
State Health Officer

Audrey Immel
Acting State Registrar
By Blanche Clark

STATE OF OREGON; COUNTY OF KLAMATH; ss.

62603

Filed for record at request of ELOISE D. PARKS Vol. M72 Page 3331

this 30th day of March A. D., 19 72 at o'clock M., and duly recorded in Vol. M-72, of DEEDS on Page 3331

Fee $2.00 INDEXED

WM. D. MILNE, County Clerk

MAR 30 11 45 AM 1972 By Helen Clark, Deputy