JUL 18 1 01 PM 1972

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number 232

State File Number 15031

DECEASED

1. DECEASED—NAME: First James; Middle; Last Maynard Murdock
2. DATE OF DEATH (month, day, year): June 26 1972
3. RACE (White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last Birthday (years): 69
5b. If Under 1 year: mos. days; If Under 1 day: hours min.
5c. Inside City Limits (specify yes or no): No
6. DATE OF BIRTH (month, day, year): February 10, 1903
7a. COUNTY OF DEATH: Klamath
7b. STATE OF BIRTH (if not in U.S.A., name country): California
7c. CITIZEN OF WHAT COUNTRY: U.S.A.
8. SOCIAL SECURITY NUMBER: 546-03-5127
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
10. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Grocery Store (Owner)
11. KIND OF BUSINESS OR INDUSTRY: Grocery: Retail
12. RESIDENCE—STATE: Oregon
13a. COUNTY: Klamath
13b. CITY, TOWN, OR LOCATION: Klamath Falls
13c. STREET AND NUMBER OR R.F.D.: 1125 Carlson Dr.
13d. Inside City Limits (specify yes or no): No
14. INFORMANT—NAME and relationship to deceased: Lillian A. Murdock, Wife
14a. NAME OF SPOUSE: Lillian A. Murdock
14b. FATHER—NAME first middle last: William S. Murdock
14c. MOTHER—Maiden Name first middle last: Florence Owens
15. HOSPITAL OR INSTITUTION (if not in either, give street and number): 1125 Carlson Dr.

Usual residence where deceased lived. If death occurred on institution, give usual residence before admission.

CAUSE

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

16. (a) Cerebral Coronary Thrombosis
immediate cause
due to, or as a consequence of:
(b) Cerebral Vascular Sclerosis
due to, or as a consequence of:
(c)

Conditions, if any, leading to the 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)
18.

17. AUTOPSY (yes or no): No
19a. IF YES were findings considered in determining cause of death: No
19b. approximate interval between onset and death: Minutes
20a. ACCIDENT (specify yes or 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):
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):

CERTIFICATION—PHYSICIAN: I attended the deceased from: 1-26-68 to 6-26-1972 and last saw him/her alive on: 6-26-1972
20h. DATE OF DEATH (month, day, year): June 26, 1972
20i. I Did/Did Not view the body after death (specify): Did
20j. DEATH OCCURRED (hour): 7:45 A.M.

CERTIFIER

21. PHYSICIAN—SIGNATURE: [signature]
22a. MAILING ADDRESS—PHYSICIAN: 4036 So. 6th St., Klamath Falls, Oregon 97601
22b. NAME (type or print): William G. Holford Jr., M.D.
22c. DATE SIGNED (month, day, year): 6-27-72

BURIAL

23. BURIAL, CREMATION, REMOVAL, ETC. (specify): Burial
24a. CEMETERY OR CREMATORY—NAME: Eternal Hills
24b. LOCATION (city or town, state): Klamath Falls, Oregon 97601
24c. FUNERAL DIRECTOR—SIGNATURE AND ADDRESS (street, city or town, state, zip): Klamath Falls, Oregon 97601
24d. DATE (mo., day, year): 6-28-72
25a. FUNERAL HOME—NAME AND ADDRESS: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore.
25b. REGISTRAR—SIGNATURE: [signature]
26a. DATE RECEIVED BY LOCAL REGISTRAR: JUN 28 1972
26b. DATE RECEIVED BY STATE REGISTRAR:
27. RESERVED FOR REGISTRAR'S USE:
28.

VS 2 R-69

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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.

(SEAL)

MARJORIE COMER, Registrar Vital Statistics

By [signature], Deputy Registrar
Date JUN 28 1972 19____
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Mrs. James Murdock
this 18th day of July A. D., 19 72 at 1:01 o'clock P M., and duly recorded in
Vol. M-72, of DEEDS on Page 7866.

WM. D. MILNE, County Clerk
By Helen Clark, Deputy

Fee $2.00