JUL 31 10 26 AM 1972

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

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263
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

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

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Mae - Fitzwater
2. DATE OF DEATH (month, day, year)	July 23, 1972
3. RACE White, Negro, American Indian, etc. (specify)	White
4. SEX	Female
5a. AGE—Last birthday (years)	77
5b. Under 1 year (mos., days)	
5c. Under 1 day (hours, min.)	
6. DATE OF BIRTH (month, day, year)	January 3, 1895
7a. COUNTY OF DEATH	Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH	Klamath Falls
7c. Inside City Limits (specify yes or no)	Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)	Washburn Manor
8. STATE OF BIRTH (If not in U.S.A., name country)	California
9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11. NAME OF SPOUSE	Arthur Fitzwater
12. SOCIAL SECURITY NUMBER	555-12-6386
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Bus. Agent
13b. KIND OF BUSINESS OR INDUSTRY	Laundry & Dry Cleaners
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.	2310 Main St.
15. FATHER—NAME (first, middle, last)	William S. Burr
16. MOTHER—Maiden Name (first, middle, last)	Ida Evans
17. INFORMANT—NAME and relationship to deceased	Arthur Fitzwater, Husband

CAUSE

PART I. 18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

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

	Cause	Approximate interval between onset and death
(a) immediate cause	General Debility	weeks
(b) due to, or as a consequence of:	Carcinoma of Left Breast c̄ Metastasis	2 yrs
(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)

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

20a. ACCIDENT (specify yes or no):
20b. DATE OF INJURY (month, day, year):
20c. HOUR: M.
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):

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: 7-15-72 to July 23, 1972
And Last Saw Him/Her Alive on: unknown
I Did/Did Not view the body after death (specify): Did Not (circled)
DEATH OCCURRED (hour): 5:05 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Kenneth K. Magee
22b. NAME (type or print): Kenneth K. Magee — degree or Title: M.D.
22c. DATE SIGNED (month, day, year): July 24, 1972
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): Medical Dental Bld., Klamath Falls, Ore. 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Haven of Rest Maus.
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): 7-26-72
25a. FUNERAL DIRECTOR—SIGNATURE: Mike O'Hair #314
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1972
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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.

MARJORIE COMER, Registrar Vital Statistics

(SEAL)

By Marian Ackerman, Deputy Registrar
Date JUL 27 1972 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Arthur L Fitzwater
this 31st day of July A. D., 19 72 at 10:26 o'clock A M., and duly recorded in
Vol. M-72, of DEEDS on Page 8333

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

Fee $2.00