S8893 OCT 2 10 02 AM 197 Vol. M 72 Page 11144

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

'70-008694

201 Local File Number

CERTIFICATE OF DEATH

State's File Number

1. DECEDENT—NAME: First: SADIE; Middle: MAY; Last: WALLACE			2. DATE OF DEATH (month, day, year): June 13, 1970
3. RACE (White, Negro, American Indian, etc. (specify)): White	4. SEX: Female	5a. AGE—Last Birthday (years): 83	5b. Under 1 year: mos. / days; 5c. Under 1 day: hours / min.	6. DATE OF BIRTH (month, day, year): January 26, 1887
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): Nevada	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Separated	11. NAME OF SPOUSE: Hubert B. Wallace
12. SOCIAL SECURITY NUMBER: 541 09 8575-B	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife	13b. KIND OF BUSINESS OR INDUSTRY: At home	
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.: 917 Oak Street
15. FATHER—NAME first middle last: Millard F. Hawthorne	16. MOTHER—Maiden Name first middle last: Florence Miller	17. INFORMANT—NAME and relationship to deceased: Hubert B. Wallace (Husband)	

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

18. Immediate cause (a): pneumonia (probable) — due to, or as a consequence of: — Approximate interval between onset and death: 2 days

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: (b) due to, or as a consequence of: (c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Hypertension, Senile dementia, 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)	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)		

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month 6 day 66 year — to: month 6 day 13 year 70 — And Last Saw Him/Her Alive on: month 5 day 27 year 70 — I Did/Did Not view the body after death (specify) — DEATH OCCURRED (hour): 2:00 a.m. — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: James A Rogers M.D. — 22b. NAME (type or print): James A. Rogers degree or Title: M.D. — 22c. DATE SIGNED (month, day, year): 6 16 70

22d. NAME AND ADDRESS OF PHYSICIAN: 1435 Esplanade (street) Klamath Falls (city or town) Oregon (state) 97601 (zip)

23a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	23b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park	23c. LOCATION city or town, state: Klamath Falls, Oregon	23d. DATE (mo., day, year): June 16, 1970
24a. FUNERAL DIRECTOR—SIGNATURE: K. W. Ward	24b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Oregon 97601		
25a. REGISTRAR—SIGNATURE: Marian Tehrman	25b. DATE RECEIVED BY LOCAL REGISTRAR: JUN 18 1970	27. DATE RECEIVED BY STATE REGISTRAR: JUN 29 1970	

26. RESERVED FOR REGISTRAR'S USE

VS-2 8-69

DATE ISSUE July 17 | 1972

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.

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of GANONG SISEMORE AND ZAMSKY

this 2nd day of OCTOBER A. D., 19 72 at 10;02 o'clock A M., and duly recorded in Vol. M 72, of DEEDS on Page 11144

FEE $2.00

WM. D. MILNE, County Clerk

By Hazel Draxel