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Local File Number

Vol. M 72 Page 11386, 72-010320

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

# CERTIFICATE OF DEATH

State File Number

| | | | | | |
|---|---|---|---|---|---|
| 1. DECEASED—NAME: First: Emma | Middle: Melvira | Last: Diess | | 2. DATE OF DEATH (month, day, year): July 9 1972 | |
| 3. RACE White, Negro, American Indian, etc. (specify): white | 4. SEX: female | 5a. AGE—Last birthday (years): 79 | Under 1 year: 5b. mos. / days | Under 1 day: 5c. hours / min. | 6. DATE OF BIRTH (month, day, year): April 5, 1893 |
| 7a. COUNTY OF DEATH: Jackson | 7b. CITY, TOWN, OR LOCATION OF DEATH: Medford | | 7c. Inside City Limits (specify yes or no): yes | 7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): So. Ore. Convalescent Home | |
| 8. STATE OF BIRTH (If not in U.S.A., name country): Arkansas | 9. CITIZEN OF WHAT COUNTRY: U.S.A. | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): widowed | | 11. NAME OF SPOUSE: ---------- | |
| 12. SOCIAL SECURITY NUMBER: 540-56-1328 | 13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): housewife | | | 13b. KIND OF BUSINESS OR INDUSTRY: home | |
| 14a. RESIDENCE—STATE: Oregon | 14b. COUNTY: Jackson | 14c. CITY, TOWN, OR LOCATION: White City X | 14d. Inside City Limits (specify yes or no): no | 14e. STREET AND NUMBER OR R.F.D.: 7700 24th Ave | |
| 15. FATHER—NAME first middle last: William House | 16. MOTHER—Maiden Name first middle last: Miranda Gordon | | | 17. INFORMANT—NAME and relationship to deceased: Ernest Mingus-son | |

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

| | | approximate interval between onset and death |
|---|---|---|
| 18. immediate cause (a) | Pneumonia | Days |
| due to, or as a consequence of (b) | Arteriosclerosis | Years |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: 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)

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

| | | | |
|---|---|---|---|
| 20a. ACCIDENT (specify yes or no): 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): 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): ----- | |

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|---|---|---|---|---|---|
| 21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month 7 day 6 year 1972 | to month 7 day 9 year 1972 | And Last Saw His/Her Alive on: month 7 day 8 year 1972 | I Did/Did Not view the body after death (specify): I Did Not | DEATH OCCURRED (hour): 1:30 P.M. | at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated. |
| 22a. PHYSICIAN—SIGNATURE: R K Gumbry | 22b. NAME (type or print): R K GUMBRY | degree or Title: MD | 22c. DATE SIGNED (month, day, year): 7-16-72 | | |
| 23. MAILING ADDRESS—PHYSICIAN: street: 1032 W Main St | city or town: Medford | state: Ore. | zip: 97501 | | |

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|---|---|---|---|---|
| 24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): burial | 24b. CEMETERY OR CREMATORY—NAME: Klamath Falls Memorial | 24c. LOCATION city or town: Klamath Falls | state: Oregon | 24d. DATE (mo., day, year): 7/12/72 |
| 25a. FUNERAL DIRECTOR—SIGNATURE: Willard Mackie | 25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Conger-Morris, 715 W. Main, Medford, Oregon 97501 | | | |
| 26a. REGISTRAR—SIGNATURE: Charlotte R. Sutherland, Deputy | 26b. DATE RECEIVED BY LOCAL REGISTRAR: 7-18-72 | 27. DATE RECEIVED BY STATE REGISTRAR: AUG - 2 1972 | | |
| 28. RESERVED FOR REGISTRAR'S USE | | | | |

VS-2 R-69

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED September 21, 1972

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

VS-2 Rev. 7-71

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of BERTHA LILLIAN BROOKS

this 5th day of OCTOBER A. D., 19 72 at 1:10 o'clock P.M., and duly recorded in Vol. M 72, of DEEDS on Page 11386

FEE $ 2.00

WM. D. MILNE, County Clerk

By Hazel Drazil