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STATE OF OREGON - STATE BOARD OF HEALTH
Vital Statistics Section
Local File Number 519
State File Number
CERTIFICATE OF DEATH
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DECEASED

Usual residence listed. If death occurred in institution, give address before admission.

1. DECEASED-NAME: *James D Douglas* First Middle Last
 2. DATE OF BIRTH (month, day, year): *1902*
 3. COUNTY OF BIRTH: *Italia*
 4. CITY, TOWN, OR LOCATION OF BIRTH: *Italia*
 5. AGE (at birthday) (years): *70*
 6. SEX: *Male*
 7. STATE OF BIRTH (if not Oregon, name country): *California*
 8. CITIZENSHIP: *U. S. A.*
 9. SOCIAL SECURITY NUMBER: *510-11-8862*
 10. RESIDENCE-STATE: *Oregon*
 11. CITY, TOWN, OR LOCATION: *Italia*
 12. FATHER-NAME: *Oregon* first middle last
 13. MOTHER-Name: *Ida* first middle last
 14. INFORMANT-NAME and relationship to deceased: *Hol & Donald-1122*
 15. DEATH WAS CAUSED BY: *Chloroform Heart Attack*
 16. DATE OF DEATH (month, day, year): *1972*
 17. HOSPITAL OR OTHER INSTITUTION-NAME (if not in either, street and number): *None*
 18. NAME OF SPOUSE: *None*
 19. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): *None*
 20. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): *None*
 21. KIND OF BUSINESS OR INDUSTRY: *None*
 22. STREET AND NUMBER OR R.F.D.: *None*
 23. CITY, TOWN, OR LOCATION: *None*
 24. ZIP CODE: *None*

CAUSE

Conditions, if any, which gave rise to immediate cause (a), (b), or as a consequence of: *Chloroform Heart Attack*
 (a) due to, or as a consequence of: *Chloroform Heart Attack*
 (b) due to, or as a consequence of: *Voluntary asphyxia*
 (c) due to, or as a consequence of: *Heart Attack*

CERTIFIER

21. PHYSICIAN-SIGNATURE: *[Signature]*
 22. DATE SIGNED (month, day, year): *2/17/72*
 23. MAINTAINING ADDRESS-PHYSICIAN: *230 PROFESSIONAL CENTER, ROSEBURG, OREGON 97470*
 24. PHYSICIAN-SIGNATURE: *[Signature]*
 25. DATE SIGNED (month, day, year): *2/17/72*
 26. PHYSICIAN-SIGNATURE: *[Signature]*
 27. DATE SIGNED (month, day, year): *2/17/72*

BURIAL

28. BURIAL CREATION, REMOVAL, MAUSOLEUM (specify): *None*
 29. FUNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip): *Wilson's Chapel of the Roses, Roseburg, Oregon 97470*
 30. DATE RECEIVED BY LOCAL REGISTRAR: *Feb 27 1972*
 31. DATE RECEIVED BY STATE REGISTRAR: *Feb 27 1972*

VS 2 R 69

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION
CERTIFIED COPY OF DEATH RECORD

STATE OF OREGON
COUNTY OF DOUGLAS
This certifies that the foregoing is a correct and complete transcript of a record on file with the Oregon State Board of Health.

James E. Gray, M.D., Health Officer
Registrar of Vital Statistics

By *[Signature]* Deputy Registrar
Date *Feb 27 1972*
S.E.A.L. 1972

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of *P. K. Puckett*
this *13th* day of *Feb.* A. D., 1973 at *11:32* o'clock A. *M.*, and duly recorded in
Vol. *M-73* of *Deeds* on Page *1562*

FEE \$2.00
WM. D. MILNE, County Clerk
By *[Signature]* Deputy