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STATE OF OREGON—STATE BOARD OF HEALTH

Vital Statistics Section

CERTIFICATE OF DEATH

77-018761

DECEASED—NAME First Middle Last EVELYN MAE NELSON		DATE OF DEATH (month, day, year) December 11, 1972	
RACE White, Negro, American Indian, etc. (specify) White	SEX Female	AGE—Last birthday (years) 52	DATE OF BIRTH (month, day, year) July 3, 1920
COUNTY OF DEATH Klamath	CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	Inside City Limits (specify yes or no) No	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 3950 Crest Street
STATE OF BIRTH (if not in U.S.A., name country) Michigan	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	NAME OF SPOUSE Kenneth Nelson
SOCIAL SECURITY NUMBER 543-24-5737	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDUSTRY At home	
RESIDENCE—STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D. 3950 Crest Street
FATHER—NAME first middle last Jesse W. Herron	MOTHER—Maiden Name first middle last Mae (No record)	INFORMANT—NAME and relationship to deceased Kenneth Nelson (Husband)	
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) <i>Carcinoma of breast</i>			11 years
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last			
19. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)			
Recent pathological fracture right femur			
ACCIDENT (specify yes or no)	DATE OF INJURY (month, day, year)	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)	
INJURY AT WORK (specify yes or no)	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	LOCATION (street or R.F.D. No., city or town, county, state)	
CERTIFICATION—PHYSICIAN: I attended the deceased from:	month day year May 9 51	And Last Saw Him/Her Alive on: month day year Dec 9 72	DEATH OCCURRED at the place, on the date and, to the best of my knowledge, due to the cause(s) stated. 6:00 a.m.
PHYSICIAN—SIGNATURE M.D. Raymond Tice	NAME (type or print) Raymond Tice	DEGREE OR TITLE M.D.	DATE SIGNED (month, day, year) Dec 11, 1972
MAILING ADDRESS—PHYSICIAN Medical-Dental Building		CITY OR TOWN Klamath Falls	STATE Oregon
ZIP 97601			
BURIAL, CREMATION, REMOVAL, MAUS (specify) Burial	CEMETERY OR CREMATORY—NAME Eternal Hills	LOCATION city or town Klamath Falls, Oregon	DATE (mo., day, year) Dec. 13, 1972
FUNERAL DIRECTOR—SIGNATURE 25a. <i>W. W. Ward</i>	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) Ward's Klamath Funeral Home, Box 21, Klamath Falls, Ore. 97601		
REGISTRAR—SIGNATURE 26a. <i>Marianne Peterson</i>	DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1972	DATE RECEIVED BY STATE REGISTRAR DEC 26 1972	
RESERVED FOR REGISTRAR'S USE			

VS-2 R-69

STATE OF OREGON
County of Multnomah

DATE ISSUED: FEBRUARY 16, 1973

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

SP*67315-333

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Gladys Runnels
this 20 day of Feb A.D., 1973 at 11:35 o'clock a.m., and duly recorded in
Vol. M-73 of Deeds on Page 1803
fee 2.00

WM. D. MILNE, County Clerk
By: *Cynthia C. Smith*