

STATE OF OREGON—STATE BOARD OF HEALTH  
Vital Statistics Section

## CERTIFICATE OF DEATH

State File Number **103** Date **1972**

DECEASED—NAME **Martha Jim Summers** Middle Last

DATE OF DEATH (month, day, year) **2 March 22, 1972**

1. RACE **White** 2. SEX **Female** 3. AGE—Last birthday (years) **75** 4. DATE OF BIRTH (month, day, year) **March 24, 1896**

5. COUNTY OF DEATH **Klamath** 6. CITY, TOWN, OR LOCATION OF DEATH **Klamath Falls** 7. CITIZEN OF WHAT COUNTRY **U.S.A.** 8. U.S.A. (if no U.S.A. name country)

9. SOCIAL SECURITY NUMBER **541-46-5549** 10. HOMEWORKER **Yes** 11. HUSBAND, WIFE, OR PARTNER (if not in other, give street and number) **Washburn Manor**

12. RESIDENCE—STATE **Oregon** 13. CITY, TOWN, OR LOCATION **Chiloquin** 14. INSIDE CITY LIMITS (specify yes or no) **No** 15. BOX **665**

16. FATHER—NAME **Brick Jim** 17. MOTHER—Maiden Name **Massey** 18. INFORMANT—NAME and relationship to deceased **Ora Summers, Husband**

19. DEATH WAS CAUSED BY: (a) **Heart** (b) **Myocardial infarction** (c) **due to, or as a consequence of, long standing hypertension**

20. IMMEDIATE CAUSE **Heart**

21. CONDITIONS, if any, which gave rise to immediate cause (a), (b), or as a consequence of (c) **long standing hypertension**

22. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) (b), and (c) **None**

23. ACCIDENT (specify yes or no) **No** 24. DATE OF INJURY (month, day, year) **March 22, 1972** 25. HOUR **1:40 A.M.** 26. PLACE OF INJURY (home, farm, street, factory, office bldg., etc. (specify)) **Home** 27. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) **And last saw him/her alive one month day year after death (specify)**

28. PHYSICIAN—SIGNATURE **William G. Holford Jr., M.D.** 29. NAME (type or print) **William G. Holford Jr., M.D.** 30. DEGREE or Title **M.D.** 31. DATE SIGNED (month, day, year) **3/22/72**

32. PHYSICIAN ADDRESS—PHYSICIAN **4056 So. 6th St., Klamath Falls, Oregon 97601**

33. BURIAL (specify) **Burial** 34. CEMETERY OR CREMATION—NAME **Chiloquin Cemetery** 35. LOCATION **Chiloquin, Oregon** 36. DATE (month, day, year) **24 3-24-72**

37. GENERAL DIRECTOR—SIGNATURE **William G. Holford Jr.** 38. #314 39. O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 40. REGISTRAR—SIGNATURE **William G. Holford Jr.** 41. DATE RECEIVED BY STATE REGISTRAR **MAR 22 1972**

42. RESERVED FOR REGISTRAR'S USE

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.

NEIL BLACK, M.D., Registrar Vital Statistics  
(SEAL)  
By William G. Holford Jr., Deputy Registrar  
Date MAR 28 1972 19

VOID IF ALTERED

STATE OF OREGON, COUNTY OF KLAMATH: ss.  
Filed for record at request of Beddoe & Hamilton, Attys.  
this 21st day of February A.D., 19 73 at 2:30 o'clock P M., and duly recorded in  
Vol. M73 of Deeds on Page 1854

Fee \$2.00  
By WM. D. MILNE, County Clerk  
Cynthia A. Groves