

DECEASED		DECEASED—NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
HENRY		HOESON		HUDSON						2, October 23, 1972	
1. RACE White, Negro, American Indian, etc. (specify)		2. SEX		3. AGE—last birthday (years)		4. Under 1 year		5. 1 year to 1 day		6. 1 day to 1 hour	
White		Male		71		Under 1 year		1 day to 1 hour		A	
7a. COUNTY OF DEATH		7b. CITY, TOWN, OR LOCATION OF DEATH		8. STATE OF BIRTH (if not in U.S.A., name country)		9. SOCIAL SECURITY NUMBER		10. CITIZEN OF WHAT COUNTRY		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
Klamath		Klamath Falls		Oregon		148-10-9257		USA		Married	
12. RESIDENCE—STATE		13. CITY, TOWN, OR LOCATION		14. CITY, TOWN, OR LOCATION		15. INSIDE CITY LIMITS (specify yes or no)		16. HOSPITAL OR OTHER INSTITUTION—NAME (if not in other give street and number)		17. NAME OF SPOUSE	
Oregon		Klamath		Klamath Falls		Yes		1505 Avalon		Ida Mae Hudson	
18. FATHER—NAME		19. MOTHER—Maiden Name		20. FIRST MIDDLE LAST		21. INFORMATION—NAME and relationship to deceased		22. STREET AND NUMBER OR R.F.D.		23. COMMUNITY	
Henry Norman Hudson		Henrietta Dosie Chatham		Ida Mae Hudson (wife)		between onset and death		1505 Avalon		Common	
19. DEATH WAS CAUSED BY:		20. IMMEDIATE CAUSE		21. INTERMEDIATE CAUSE		22. UNDERLYING CAUSE		23. OTHER SIGNIFICANT CONDITIONS		24. HOW INJURY OCCURRED	
Immediate cause		Hemorrhage		Hemorrhage		Hemorrhage		Hemorrhage		Enter nature of injury in Part I or Part II, item 18	
1. CAUSE		2. DATE OF INJURY		3. HOUR		4. LOCATION		5. CITY OR TOWN, COUNTY, STATE		6. DEATH OCCURRED	
Hemorrhage		April 1972		10:50 P.M.		10:50 P.M.		10:50 P.M.		at the place, on the day, and to the best of my knowledge, due to the cause(s) stated.	
7. CERTIFICATE—		8. MONTH		9. DAY		10. YEAR		11. I Did/Did Not		12. DATE SIGNED	
I attended the deceased from:		April		1972		Oct 23 72		I Did/Did Not		Oct 28 72	
13. PHYSICIAN—SIGNATURE		14. NAME (type or print)		15. DEGREE OR TITLE		16. DATE SIGNED		17. ZIP		18. DATE RECEIVED BY STATE REGISTRAR	
Dr. A. Bennett		A. Bennett, M.D.		M.D.		Oct 28 72				DATE RECEIVED BY LOCAL REGISTRAR	
19. MAINTAINING ADDRESS—PHYSICIAN		20. STREET		21. CITY OR TOWN		22. STATE		23. ZIP		24. DATE RECEIVED BY LOCAL REGISTRAR	
1905 Main Street, Klamath Falls, Oregon 97601		Klamath Falls, Oregon		Oregon		Oregon		Oregon		DATE RECEIVED BY LOCAL REGISTRAR	
25. BURIAL—		26. CEMETERY OR CREMATORY—NAME		27. LOCATION		28. CITY OR TOWN		29. STATE		30. DATE RECEIVED BY LOCAL REGISTRAR	
Burial		Eternal Hills		Klamath Falls, Oregon		Oregon		Oregon		DATE RECEIVED BY LOCAL REGISTRAR	
31. FUNERAL DIRECTOR—SIGNATURE		32. NAME		33. ADDRESS		34. CITY OR TOWN		35. STATE		36. DATE RECEIVED BY LOCAL REGISTRAR	
Funeral Home		Funeral Home		Funeral Home		Funeral Home		Funeral Home		DATE RECEIVED BY LOCAL REGISTRAR	
37. REGISTRAR—SIGNATURE		38. NAME		39. ADDRESS		40. CITY OR TOWN		41. STATE		42. DATE RECEIVED BY LOCAL REGISTRAR	
Registrar		Registrar		Registrar		Registrar		Registrar		DATE RECEIVED BY LOCAL REGISTRAR	
43. RESERVED FOR REGISTRAR'S USE		44. DATE RECEIVED BY LOCAL REGISTRAR		45. DATE RECEIVED BY LOCAL REGISTRAR		46. DATE RECEIVED BY LOCAL REGISTRAR		47. DATE RECEIVED BY LOCAL REGISTRAR		48. DATE RECEIVED BY LOCAL REGISTRAR	
		OCT 25 1972		OCT 25 1972		OCT 25 1972		OCT 25 1972		OCT 25 1972	

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.  
 VELDON C. BOGE, M.D., Registrar Vital Statistics  
 By Marion P. Sherman, Deputy Registrar  
 Date OCT 26 1972  
 VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.  
 Filed for record at request of Ida Mae Hudson  
 this 23rd day of February A.D., 1973 at 11:01 o'clock A.M., and duly recorded in  
 Vol. M73 of Deeds on Page 1916  
 Fee \$2.00  
 By WM. D. MILNE, County Clerk  
 By Cynthia A. [Signature]