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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 37

State File Number: 73-000522

1. DECEASED—NAME: First: James; Middle: Beck; Last: Floyd
2. DATE OF DEATH (month, day, year): January 29, 1973
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 67
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): August 17, 1905
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (if not in U.S.A., name country): Oklahoma
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Harriet C. Carol
12. SOCIAL SECURITY NUMBER: 543-10-2377
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Advertising & Photography
13b. KIND OF BUSINESS OR INDUSTRY: Creamery; Klamath Falls Creamery
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 1615 Wiard St.
15. FATHER—NAME (first, middle, last): William Wesley Floyd
16. MOTHER—Maiden Name (first, middle, last): Bertha Beck
17. INFORMANT—NAME and relationship to deceased: Harriet Carol Floyd

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

	Cause	approximate interval between onset and death
(a) immediate cause	Myocardial Infarction	12 hrs
(b) due to, or as a consequence of:	Arteriosclerotic Cardio Vascular Disease	11 yrs
(c) due to, or as a consequence of:	Diabetes Mellitus	2 yrs

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

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

20a. ACCIDENT (specify yes or 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):
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):

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: 9-7-62 to Jan. 29, 1973. And Last Saw Him/Her Alive on: 1-30-73 (29). I Did/Did Not view the body after death (specify): Did. DEATH OCCURRED (hour): 10:05 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Fletcher F. Conn
22b. NAME (type or print): Fletcher F. Conn; degree or Title: M.D.
22c. DATE SIGNED (month, day, year): 1-30-73
23. MAILING ADDRESS—PHYSICIAN: 1905 Main St., Klamath Falls, Oregon 97601
24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION: Klamath Falls, Oregon
24d. DATE (mo., day, year): 1-31-73
25a. FUNERAL DIRECTOR—SIGNATURE: Mike O'Hair #59
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: JAN 30 1973
27. DATE RECEIVED BY STATE REGISTRAR: FEB 12 1973
28. RESERVED FOR REGISTRAR'S USE: Item 21 corrected per supplemental, 2/22/73, M. Martin, State Reg., SAR

VS-2 R-69

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED FEBRUARY 22, 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 OF OREGON 1859 (seal)

Morris M. Martin
STATE REGISTRAR

VS-112 Rev. 7-71

SP*67315-333

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Mrs. Harold Floyd

this 27 day of February A. D., 19 73 at 10:54 o'clock A.M., and duly recorded in

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WM. D. MILNE, County Clerk

Fee $2.00

By Cynthia Campbell