

73764

STATE OF OREGON - STATE DEPT. OF HEALTH
Vital Statistics Section

Vol. 73 Page 2190

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CERTIFICATE OF DEATH

State file Number

Local file Number

DECEASED

1. DECEASED-NAME First Middle Last
FRANCES LOUISE STROUBIDOE
2. DATE OF BIRTH (month, day, year)
February 6, 1973
3. RACE (Specify)
White
4. SEX
Female
5. AGE (Specify)
67
6. CITY, TOWN, OR LOCATION OF DEATH
Klamath Falls
7. COUNTY OF DEATH
Klamath
8. STATE OF BIRTH (If not in U.S., name country)
U.S.A.
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Teacher
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Never Married
11. KIND OF BUSINESS OR INDUSTRY
Elementary Education
12. SOCIAL SECURITY NUMBER
544-24-1002-A
13. CITY, TOWN, OR LOCATION
Klamath Falls
14. STATE
Oregon
15. FATHER-NAME First middle last
Dreton
16. MOTHER-NAME First middle last
Mary Connel
17. INFORMANT-NAME and relationship to deceased
Mary Waggoner, Friend
18. DEATH WAS CAUSED BY:
(a) Immediate cause
Sickling Cerebral Hemorrhage
(b) due to, or as a consequence of:
(c) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b)
Brain tumor

CAUSE

1. ACCIDENT (Specify yes or no)
2. INJURY AT WORK (Specify yes or no)
3. PHYSICIAN (Specify yes or no)
4. CERTIFICATION- month day year
5. PHYSICIAN-NAME
6. PHYSICIAN-ADDRESS-Physician
7. PHYSICIAN-SIGNATURE
8. MAILING ADDRESS-Physician
9. CITY or town
10. STATE
11. ZIP
12. HOW INJURY OCCURRED (Enter nature of injury in part I or part II, (b) or (c))
13. DATE OF INJURY (month, day, year)
14. HOUR
15. LOCATION (street or R.F.D. No., city or town, county, state)
16. DATE OF DEATH (month, day, year)
17. HOUR
18. LOCATION (street or R.F.D. No., city or town, county, state)
19. DEATH OCCURRED at the place, on the date, and, if known, the time (Specify date, time, and place)
20. DEATH OCCURRED at the place, on the date, and, if known, the time (Specify date, time, and place)
21. DEATH OCCURRED at the place, on the date, and, if known, the time (Specify date, time, and place)
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27. DEATH OCCURRED at the place, on the date, and, if known, the time (Specify date, time, and place)
28. DEATH OCCURRED at the place, on the date, and, if known, the time (Specify date, time, and place)

CERTIFIER

BURIAL

29. FUNERAL CREATION, REMOVAL, MAUS (Specify)
30. CITY, TOWN, OR LOCATION
31. STATE
32. ZIP
33. DATE RECEIVED BY LOCAL REGISTRAR
34. DATE RECEIVED BY STATE REGISTRAR
35. REGISTRAR-SIGNATURE
36. RESERVED FOR REGISTRAR'S USE

STATE OF OREGON
County of Klamath
This certifies that the foregoing is a correct and complete transcript of record of death on file with the Klamath County Department of Health.
VELDON C. BOGE, M.D., Registrar Vital Statistics
By Marion Schuman Deputy Registrar
Date FEB 12 1973

STATE OF OREGON; COUNTY OF KLAMATH; ss.
GANGONG, SISEMORE & ZAMSKY
Filed for record at request of
this 2nd day of MARCH A. D., 19 73 at 10:21 o'clock A. M., and duly recorded in
Vol. M 73 of DEEDS on Page 2190
FEE \$ 2.00
By WM. D. MILNE, County Clerk
Angel D. Dugan