

73849

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Vol. 2295 Page 2295

Local File Number 72

CERTIFICATE OF DEATH

State File Number

| | | | | | | | | | |
|---|--|--|--|---|--|--|--|---|--|
| DECEASED—NAME | | First | | Middle | | Last | | DATE OF DEATH (month, day, year) | |
| Josephine | | Elsie | | Leavitt | | | | February 26, 1973 | |
| 1. RACE, White, Negro, American Indian, etc. (Specify) | | 2. SEX | | 3. AGE—last birthday (years) | | 4. Under 1 year | | 5. Under 1 day | |
| White | | Female | | 54 | | mos. days | | min. | |
| 6. COUNTY OF DEATH | | 7. CITY, TOWN, OR LOCATION OF DEATH | | 8. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) | | 9. CITIZEN OF WHAT COUNTRY | | 10. MARRIED, NEVER MARRIED, WIDOWED, REVENGED (Specify) | |
| Klamath | | Klamath Falls | | Housewife | | USA | | Married | |
| 11. SOCIAL SECURITY NUMBER | | 12. RESIDENCE—STATE | | 13. CITY, TOWN, OR LOCATION | | 14. INSIDE CITY LIMITS (Specify yes or no) | | 15. HOSPITAL OR OTHER INSTITUTION—NAME (If not in place, give street and number) | |
| 530-10-8088 | | Oregon | | Klamath Falls | | Yes | | Evan C. Leavitt | |
| 16. FATHER'S NAME | | 17. MOTHER—Maiden Name | | 18. INFORMANT—NAME and relationship to deceased | | 19. STREET AND NUMBER OR R.F.D. | | 20. DATE RECEIVED BY LOCAL REGISTRAR | |
| James James | | Martha H. H. | | Evan C. Leavitt; husband | | 501 Addison | | FEB 28 1973 | |
| 19. DEATH WAS CAUSED BY: | | 20. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) | | 21. APPROXIMATE INTERVAL between death and death certificate | | 22. DATE RECEIVED BY STATE REGISTRAR | | 23. FEE | |
| Immediate cause | | Due to, or as a consequence of | | 5 | | 10:15 A. | | 2.00 | |
| 24. CONDITIONS if any which gave rise to immediate cause (a), (b), or (c), or as a consequence of (a), (b), or (c), or as a consequence of (a), (b), or (c) | | 25. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) | | 26. AUTOPSY (yes or no) | | 27. IF YES, were findings considered in determining cause of death | | 28. REMARKS FOR REGISTRAR'S USE | |
| | | | | No | | Yes | | | |
| 29. ACCIDENT (Specify yes or no) | | 30. DATE OF INJURY (month, day, year) | | 31. HOUR | | 32. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) | | 33. DEATH OCCURRED at the place on the date, and, to the best of my knowledge, due to the causes stated | |
| No | | 2/26/73 | | 2:26 | | And last saw him/her alive on: month day year | | 10:15 A. | |
| 34. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (Specify) | | 35. LOCATION (street or R.F.D. No., city or town, county, state) | | 36. NAME (type or print) | | 37. DEGREE or Title | | 38. DATE SIGNED (month, day, year) | |
| Home | | Klamath Falls, Oregon | | John D. Matiyama | | M.D. | | 2/28/73 | |
| 39. PHYSICIAN—SIGNATURE | | 40. MAJING ADDRESS—PHYSICIAN | | 41. BIRTH DATE | | 42. ZIP | | 43. DATE RECEIVED BY LOCAL REGISTRAR | |
| | | 303 Pine Street | | 1918 | | 97601 | | FEB 28 1973 | |
| 44. BIRTH DATE | | 45. BIRTH PLACE | | 46. BIRTH DATE | | 47. BIRTH PLACE | | 48. BIRTH DATE | |
| 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | |
| 49. BIRTH DATE | | 50. BIRTH PLACE | | 51. BIRTH DATE | | 52. BIRTH PLACE | | 53. BIRTH DATE | |
| 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | |
| 54. BIRTH DATE | | 55. BIRTH PLACE | | 56. BIRTH DATE | | 57. BIRTH PLACE | | 58. BIRTH DATE | |
| 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | |
| 59. BIRTH DATE | | 60. BIRTH PLACE | | 61. BIRTH DATE | | 62. BIRTH PLACE | | 63. BIRTH DATE | |
| 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | |
| 64. BIRTH DATE | | 65. BIRTH PLACE | | 66. BIRTH DATE | | 67. BIRTH PLACE | | 68. BIRTH DATE | |
| 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | |
| 69. BIRTH DATE | | 70. BIRTH PLACE | | 71. BIRTH DATE | | 72. BIRTH PLACE | | 73. BIRTH DATE | |
| 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | |
| 74. BIRTH DATE | | 75. BIRTH PLACE | | 76. BIRTH DATE | | 77. BIRTH PLACE | | 78. BIRTH DATE | |
| 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | |
| 79. BIRTH DATE | | 80. BIRTH PLACE | | 81. BIRTH DATE | | 82. BIRTH PLACE | | 83. BIRTH DATE | |
| 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | |
| 84. BIRTH DATE | | 85. BIRTH PLACE | | 86. BIRTH DATE | | 87. BIRTH PLACE | | 88. BIRTH DATE | |
| 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | |
| 89. BIRTH DATE | | 90. BIRTH PLACE | | 91. BIRTH DATE | | 92. BIRTH PLACE | | 93. BIRTH DATE | |
| 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | |
| 94. BIRTH DATE | | 95. BIRTH PLACE | | 96. BIRTH DATE | | 97. BIRTH PLACE | | 98. BIRTH DATE | |
| 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | |
| 99. BIRTH DATE | | 100. BIRTH PLACE | | 101. BIRTH DATE | | 102. BIRTH PLACE | | 103. BIRTH DATE | |
| 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | | Klamath Falls, Oregon | | 2/26/73 | |

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 Marian Scherman, Deputy RegistrarDate FEB 1 1973

WITH IT ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of E. C. LEAVITTthis 5th day of MARCH A. D., 19 73 at 2:12 o'clock P. M., and duly recorded inVol. M 73 of DEEDS on Page 2295

FEE \$ 2.00

WM. D. MILNE, County Clerk

By Hayel Brazil