

76170

STATE OF OREGON-STATE BOARD OF HEALTH PM 1973
Vital Statistics Section Vol. 72 Page 5490

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CERTIFICATE OF DEATH

State File Number

Local File Number

DECEASED

Usual residence where deceased lived, if death occurred at residence, give address, residence before admission.

1. DECEASED-NAME	First	Middle	Last	DATE OF DEATH (month, day, year)
DELFOUR	RAY		CRAIN	2 May 2, 1973
2. RACE	White, Negro, American Indian, etc. (specify)	SEX	AGE (last birthday, years)	DATE OF BIRTH (month, day, year)
Indian		Male	54 1/2	August 19, 1929
3. COUNTY OF DEATH	4. City, town, or location of death	5. Inside City limits (specify yes or no)	6. Hospital or other institution (specify name and number)	7. Date of death
Klamath	Klamath Falls	Yes	Washburn Manor	
8. STATE OF BIRTH (if not in U.S.A., name country)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	11. NAME OF SPOUSE	
Oregon	USA	Married	Annabelle Crain	
12. SOCIAL SECURITY NUMBER	13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	14. KIND OF BUSINESS OR INDUSTRY	15. STREET AND NUMBER OR R.F.D.	
No record	Laborter	Common	No numbers	
16. RESIDENCE-STATE	17. CITY, TOWN, OR LOCATION	18. INSIDE CITY LIMITS (specify yes or no)	19. STREET AND NUMBER OR R.F.D.	
Oregon	Klamath	Yes	No numbers	
20. FATHER-NAME	21. MOTHER-NAME	22. MOTHER-Maiden Name	23. INFORMANT-NAME and relationship to deceased	
First middle last	First middle last	First middle last	First middle last	
First middle last	First middle last	First middle last	First middle last	
First middle last	First middle last	First middle last	First middle last	

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

1. Immediate cause

2. Due to, or as a consequence of:

(a) due to, or as a consequence of:

(b) due to, or as a consequence of:

(c) due to, or as a consequence of:

Scrubbing of floor

N. H. H.

CAUSE

PART II OTHER SIGNIFICANT CONDITIONS: condition contributing to death but not related to cause given in Part I (a), (b), or (c)

1. ACCIDENT (specify yes or no)	2. DATE OF INJURY (month, day, year)	3. HOUR	4. HOW INJURY OCCURRED (enter nature of injury in part I, item 18)	5. AUTOPSY (yes or no)	6. IF YES, were findings considered in determining cause of death (yes or no)
Yes	May 2, 1973	7:30	Scrubbing of floor	Yes	Yes
2. INJURY AT WORK (specify yes or no)	3. PLACE OF INJURY (home, farm, street, factory, etc. (specify))	4. LOCATION (street or R.F.D. No., city or town, county, state)	5. DATE OF DEATH (month, day, year)	6. TIME OF DEATH (month, day, year)	7. TIME OF DEATH (month, day, year)
Yes	Medical Dental Building, Klamath Falls, Oregon 97601	Medical Dental Building, Klamath Falls, Oregon 97601	May 2, 1973	7:30	7:30

CERTIFIER

21. PHYSICIAN-SIGNATURE

22. NAME (type or print)

23. ADDRESS (street, city or town, state, zip)

24. MAILING ADDRESS (street, city or town, state, zip)

25. PHYSICIAN'S SIGNATURE

26. NAME (type or print)

27. ADDRESS (street, city or town, state, zip)

28. MAILING ADDRESS (street, city or town, state, zip)

29. BUREAU, CEMETERY, REMOVAL, CEMETERY OR CREMATORY-NAME

30. LOCATION (city or town, state, zip)

31. DATE OF DEATH (month, day, year)

32. TIME OF DEATH (month, day, year)

33. FUNERAL DIRECTOR-SIGNATURE

34. NAME (type or print)

35. ADDRESS (street, city or town, state, zip)

36. MAILING ADDRESS (street, city or town, state, zip)

37. DATE OF DEATH (month, day, year)

38. TIME OF DEATH (month, day, year)

39. FUNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip)

40. DATE RECEIVED BY LOCAL REGISTRAR

41. DATE RECEIVED BY STATE REGISTRAR

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.

VELDON C. BOGE, M.D., Registrar Vital Statistics
By Marianne Robinson, Deputy Registrar
Date MAY 4 1973

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of ANNABELLE CRAIN
this 7th day of May A. D., 1973 at 2:22 o'clock P M., and duly recorded in
Vol. M 73 of DEEDS on Page 5490
FEE \$ 2.00
By WM. D. MILNE, County Clerk
Hazel Dragic