

158
CERTIFICATE OF DEATH

DECEASED—NAME		First Middle Last		Mildred Louise Hilton		DATE OF DEATH (month, day, year)		May 1, 1973	
1. RACE, White, Negro, American Indian, etc. (Specify)		2. SEX		3. AGE—last birthday (years)		4. DATE OF BIRTH (month, day, year)		5. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)	
White		Female		75		October 17, 1897		Washburn Manor	
6. COUNTY OF DEATH		7. CITY, TOWN, OR LOCATION OF DEATH		8. CITIZEN OF WHAT COUNTRY		9. U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
Klamath		Klamath Falls		U.S.A.		Yes		Name of spouse	
11. STATE OF BIRTH (if not in U.S.A., name country)		12. SOCIAL SECURITY NUMBER		13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		14. BOOKKEEPER		15. KIND OF BUSINESS OR INDUSTRY	
Oregon		541-36-9334-D		Bookkeeper		Title Abstract		239 Princeton St.	
16. RESIDENCE—STATE		17. COUNTY		18. CITY, TOWN, OR LOCATION		19. INSIDE CITY LIMITS (Specify yes or no)		20. STREET AND NUMBER OR R.F.D.	
Oregon		Klamath		Klamath Falls		Yes		239 Princeton St.	
21. FATHER—NAME		22. MOTHER—MAIDEN NAME		23. INFORMANT—NAME and relationship to deceased		24. Paul D. Hilton, Son		25. APPROXIMATE INTERVAL between onset and death	
James A. Thrasher		Harriett Treffron		Paul D. Hilton, Son		1 month			
26. DEATH WAS CAUSED BY:		27. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))		28. IMMEDIATE CAUSE		29. CONDITION, if any, which gave rise to immediate cause (a), (b), or (c)		30. DUE TO, OR AS A CONSEQUENCE OF:	
Isolated vascular accident									
31. PART II. OTHER SIGNIFICANT CONDITIONS: condition contributing to death but not related to cause given in Part I (a), (b), or (c)		32. AUTOPSY		33. IF YES, were findings considered in determining cause of death		34. YES (No)		35. NO	
		19.		19.					
36. CAUSE		37. ACCIDENT		38. DATE OF INJURY		39. HOUR		40. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)	
		(Specify yes or no)		(month, day, year)		(M, P, A, or N)		(Specify)	
41. INJURY AT WORK		42. PLACE OF INJURY (at home, farm, street, factory, office, etc. (Specify))		43. LOCATION (street or R.F.D. No., city or town, county, state)		44. AND LAST SAW HIM/HER ALIVE		45. I DECEASED AND VIEWED THE BODY AFTER DEATH (Specify)	
20.		20.		20.		20.		20.	
46. CERTIFICATION—		47. month		48. day		49. year		50. DEATH OCCURRED	
I, attended the deceased from:		March 17, 1973		10		May 1, 1973		12:55 P. M. cause(s) stated.	
51. PHYSICIAN—SIGNATURE		52. NAME (Type or print)		53. DEGREE or TITLE		54. DATE SIGNED (month, day, year)		55. SIGNATURE	
[Signature]		Willard R. Lilly		M.D.		22.		[Signature]	
56. MAILING ADDRESS—PHYSICIAN		57. street		58. city or town		59. state		60. ZIP	
2610 Uhlmann Rd.,		Klamath Falls,		Oregon		97601			
61. BURIAL		62. RITUAL, CREMATION, REMOVAL, MAUS, (Specify)		63. CEMETERY OR CREMATORY—NAME		64. LOCATION		65. DATE (mo., day, year)	
Burial		Burial		Klamath Mem. Park		Klamath Falls, Oregon		5-3-73	
66. FUNERAL DIRECTOR—SIGNATURE		67. FUNERAL HOME—NAME AND ADDRESS		68. DATE RECEIVED BY LOCAL REGISTRAR		69. DATE RECEIVED BY STATE REGISTRAR		70. DATE RECEIVED BY REGISTRAR USE	
[Signature]		#59 O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore.		2/19/73		22			

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 Johnson, Deputy Registrar
Date MAY 4 1973
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Paul Hilton
this 11th day of May A. D., 19 73 at 10:42 o'clock A M., and duly recorded in
Refurne Vol. M 73 of Deeds on Page 5719
Paul H. Hilton
239 Princeton St
City
WM. D. MILNE, County Clerk
By Mary L. Randsay
fee 2.00