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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION
STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER 494

STATE FILE NO. 68 011213

DATE RECEIVED AUG 26 1968

1. NAME OF DECEASED (Type or print all entries in black ink)	First: Kenneth; Middle: F.; Last: Murray
2. PLACE OF DEATH A. COUNTY	Jackson
B. CITY, TOWN, OR LOCATION	Medford
C. LENGTH OF STAY IN 2B	12 Days
D. NAME OF HOSPITAL OR INSTITUTION	Rogue Valley Memorial Hospital
3. USUAL RESIDENCE A. STATE	Oregon
B. COUNTY	Jackson
C. CITY, TOWN OR LOCATION	Gold Hill
D. STREET ADDRESS, RURAL ROUTE, ETC.	1112 N. 2nd Avenue Box 277
4. DATE OF DEATH	8 14 1968
5. SEX	M
6. COLOR OR RACE	W
7. MARITAL STATUS	[X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.	541-10-9421
9. USUAL OCCUPATION	Printer
10. KIND OF BUSINESS	Medford Mail Tribune
11. NAME OF SPOUSE	Flossie Murray
12. DATE OF BIRTH	9 18 1896
13. AGE LAST BIRTHDAY	71
14. BIRTHPLACE	Harrison, Arkansas
15. WAS DECEASED A CITIZEN OF	[X] U.S.
16. IF DECEASED WAS A VETERAN, WHAT WAR?	W. W. #1 and W. W. #2
17. NAME OF FATHER	Cecil Murray
18. MAIDEN NAME OF MOTHER	Josephine Fick
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED	Flossie Murray (Wife)
20. CAUSE OF DEATH PART I: IMMEDIATE CAUSE (A)	Emphysema
DUE TO (B)	
DUE TO (C)	
PART II: Other Significant Conditions	
21. If deceased was Female, was there a pregnancy in the past 12 months?	[ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy performed?	[ ] Yes [X] No
23. WAS DEATH RESULT OF	[ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, OR INJURY OCCUR	[ ] At Work [ ] Not At Work
25A. PLACE OF INJURY	
25B. City County State	
26. TIME OF INJURY	
27. DESCRIBE HOW INJURY OCCURRED	

VOID IF UNAUTHORIZED CHANGES ARE MADE ON COPY

28. CERTIFICATE: I certify that I (attended) (investigated the death of) the deceased from or on 8-13-68 to August 14, 1968 and that the death occurred at 10:45P.m. from the causes and on the date stated above.

(Signature) [signature] (Title) MD (Address) Medford, Oregon (Date Signed) 8-17-68

29. RESERVED FOR REGISTRAR'S USE 492X

30A. DECEASED WILL BE	30B. DATE	30C. NAME OF CREMATORY OR CEMETERY	30D. LOCATION (City or Town) State
[X] Buried [ ] Cremated [ ] Removed [ ] Other	8/17/68	Siskiyou Mem. Park	Medford, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR	32. REGISTRAR'S SIGNATURE	33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
8-19-68	Josephine Koppes, Dep.	Harold Snodgrass, Medford, Ore.

MAY 18 2 48 PM 1973

STATE OF OREGON, County of Multnomah, ss.

DATE ISSUED NOV 15 1968

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 Board of Health and in my official care and custody.

[signature]

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of MARJO M. ANDERSON

this 18th day of May A. D., 19 73 at 2:48 o'clock P. M., and duly recorded in

Vol. M 73, of DEEDS on Page 6053

FEE $ 2.00

WM. D. MILNE, County Clerk

By Hazel Drazil