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STATE OF OREGON–STATE BOARD OF HEALTH
Vital Statistics Section

MAY 21 1 36 PM 1973

CERTIFICATE OF DEATH

Local File Number: 197

State File Number: 71-008844

DECEASED

1. DECEASED–NAME: JAMES HENLEY WILSON
2. DATE OF DEATH (month, day, year): June 28, 1971
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5. AGE (Last birthday (years)): 86
5b. Under 1 year (mos.): 5c. Under 1 day (days): 5d. (hours): 5e. (min.):
6. DATE OF BIRTH (month, day, year): July 28, 1884
7. COUNTY OF DEATH: 7a. Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION–NAME (If not in either, give street and number): Washburn Manor
8. STATE OF BIRTH (If not in U.S.A., name country): Nevada
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
10a. NAME OF SPOUSE: Alice B. Wilson
11. SOCIAL SECURITY NUMBER: 542-24-7197
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman – Retired
13. KIND OF BUSINESS OR INDUSTRY: Ranches
14. RESIDENCE–STATE: Oregon
14a. COUNTY: Klamath
14b. CITY, TOWN, OR LOCATION: Klamath Falls
14c. Inside City Limits (specify yes or no): Yes
14d. STREET AND NUMBER OR R.F.D.: 1390 Lakeshore Drive

(If usual residence of deceased not known, if death occurred in institution, give last residence before admission)

15. FATHER–NAME (first, middle, last): George W.J. Wilson
16. MOTHER (Maiden Name) (first, middle, last): Minnie Emily Steele
17. INFORMANT (NAME and relationship to deceased): Alice B. Wilson (Wife)

CAUSE

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

18. Immediate cause (a): Cardio Resp Failure — (approximate interval between onset and death): Several Years
Due to, or as a consequence of (b): Mal Nutrition & Carcinomatosis — 4 Years
Due to, or as a consequence of (c): Ca of Lip + Mediastinal Metst. — 18 Mons

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS (conditions contributing to death but not related to cause given in Part I)

19a. AUTOPSY (specify yes or no): No
19b. If YES were findings considered in determining cause of death?

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20a. ACCIDENT (specify yes or no)
20b. DATE OF INJURY (month, day, year)
20c. HOUR
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no)
20f. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify))
20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

21. CERTIFICATION–PHYSICIAN: I attended the deceased from: Mar. 31 '70 to June 28 '71
DATE LAST SAW DECEASED (month, day, year): June 22 '71
Did/Did Not view the body after death (specify): Not
DEATH OCCURRED (hour): 9:10 P.M. at the place and on the date and to the best of my knowledge due to the cause(s) stated
22a. PHYSICIAN–SIGNATURE: [signature] M.D.
22b. NAME (type or print): Earle M. LeVernois, M.D.
22c. DATE SIGNED (month, day, year): June 29, 1971
23. MAILING ADDRESS–PHYSICIAN (street, city or town, state, zip): 2628 Campus Drive, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY–NAME: Linkville Cemetery
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (month, day, year): June 30, 1971
25a. FUNERAL DIRECTOR–SIGNATURE: [signature]
FUNERAL HOME NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26a. REGISTRAR–SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUN 29 1971
27. DATE RECEIVED BY STATE REGISTRAR: JUL

RESERVED FOR REGISTRAR'S USE

28.

VS-2 R-69

DATE ISSUED: May 14 1973

STATE OF OREGON, COUNTY OF MULTNOMAH) SS
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 HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Kosta & Brant, Attorneys at Law

this 21 day of May A. D., 19 73 at 1:20 o'clock P. M., and duly recorded in Vol. M 73, of Deeds on Page 6124

Fee #2.00

WM. D. MILNE, County Clerk
By Jeanine Mitchell

76731

VA Form 26-6335 c (Home Loan) July 1964. Use Optional. Section 1810, Title 38, U.S.C. Acceptable to Federal National Mortgage Association.

THIS TRUST DEED, made this

STEVEN K. BL

RA-140217

and

FORM N