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A-23068

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON

BOARD OF HEALTH—PORTLAND

FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

STATE FILE NO. 8863

LOCAL REGISTRAR'S NUMBER 186

DATE RECEIVED SEP 12 1952

1. NAME OF DECEASED (TYPE OR PRINT): Grace Leona Bailey

2. PLACE OF DEATH: A. COUNTY Klymath; B. CITY OR TOWN Klamath Falls; C. LENGTH OF STAY IN THIS PLACE 11 years; D. FULL NAME OF HOSPITAL OR INSTITUTION Lakeshore Drive—no number

3. USUAL RESIDENCE: A. STATE Oregon; B. COUNTY Klamath; C. CITY OR TOWN Klamath Falls; D. STREET ADDRESS Lakeshore Drive— no numbers

4. DATE OF DEATH Aug. 28, 1952

5. SEX Female

6. COLOR OR RACE White

7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (WRITE) MARRIED

7B. NAME OF HUSBAND OR WIFE Alvin E.

8. DATE OF BIRTH Oct. 14, 1909

9. AGE 42

10. BIRTHPLACE Hot Springs, South Dakota

11. CITIZEN OF WHAT COUNTRY USA

12. FATHER'S NAME Olaf Aaberg

12. MOTHER'S MAIDEN NAME Susie Carter

13. INFORMANT'S SIGNATURE A. E. Bailey

14A. USUAL OCCUPATION Housewife

14B. KIND OF BUSINESS OR INDUSTRY at home

15. IF VETERAN, NAME WAR No

16. INFORMANT'S RESIDENCE (STREET AND NO.) AND CITY Klamath Falls, Oregon

17. SOCIAL SECURITY NO 542-12-6080

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of Rectum

DURATION 18 mo

ANTECEDENT CAUSES

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION Ca of Rectum E Bxrsy Metastasis

20. AUTOPSY YES NO

21A. ACCIDENT SUICIDE HOMICIDE

21B. PLACE OF INJURY

21C. HOW DID INJURY OCCUR

21D. TIME OF INJURY

21E. INJURY OCCURRED WHILE AT WORK

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 21 1952 TO Aug 28 1952 THAT I LAST SAW THE DECEASED ALIVE ON Aug 28 1952 AND THAT DEATH OCCURRED AT 8:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE

23A. SIGNATURE Raymond Hill M.D.

23B. ADDRESS Klamath Falls, Oregon

23C. DATE SIGNED 8/29/52

24A. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) Burial

24B. DATE 8/30/52

24C. NAME OF CEMETERY OR CREMATORY Klamath Memorial Park

24D. LOCATION Klamath Falls, Oregon

DATE RECEIVED BY LOCAL REG. 8/29/52

REGISTRAR'S SIGNATURE Dorothy E. Black

FILED Aug 29 1952

ADDRESS Klamath Falls, Oregon

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

DATE ISSUED May 18 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

Return Klamath County Title Co

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of KLAMATH COUNTY TITLE CO

this 7 day of JUNE A. D., 19 73 at 2:28 o'clock P M., and duly recorded in Vol. M 73, of DEEDS on Page 7024

WM. D. MILNE, County Clerk

FEE $ 2.00 By Hazel Dragel