

Local File Number **825** **CERTIFICATE OF DEATH** State File Number **73039**

DECEASED NAME **GERTRUDE** MIDDLE **LAST** **DATE OF DEATH (month, day, year)** **July 23, 1973**

1. RACE **White** 2. SEX **Female** 3. AGE **72** 4. DATE OF BIRTH (month, day, year) **March 1, 1901**

5. COUNTY OF DEATH **Klamath** 6. CITY, TOWN OR LOCATION OF DEATH **Klamath Falls** 7. INSIDE CITY LIMITS (if not, specify) **Yes**

8. STATE OF BIRTH **TEXAS** 9. CITIZEN OF WHAT COUNTRY **U.S.A.** 10. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED, WIDOWER (check one) **WIDOWED**

11. NAME OF SPOUSE **Robert T. Moss** 12. SOCIAL SECURITY NUMBER **511-20-7139-D** 13. KID OF BUSINESS OR INDUSTRY **At home**

14. RESIDENCE-STATE **OREGON** 15. CITY, TOWN, OR LOCATION **Klamath Falls** 16. INSIDE CITY LIMITS (if not, specify) **Yes**

17. STREET AND NUMBER OR R.F.D. **1529 Walnut** 18. FATHER-NAME **Robert T. Moss** 19. MOTHER-NAME **Marian Freeman (Maithier)**

PART I. DEATH WAS CAUSED BY: **Heart disease** **due to, or as a consequence of:** **Arteriosclerosis** **which gave rise to** **myocardial infarction** **on July 23, 1973**

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to cause given in Part I (a) **None** (b) **None**

1. ACCIDENT **DATE OF INJURY** **July 23, 1973** **HOUR** **10:27** **LOCATION** **Home** **HOW INJURY OCCURRED** **Heart disease**

2. INJURY AT WORK **DATE OF INJURY** **July 23, 1973** **HOUR** **10:27** **LOCATION** **Home** **HOW INJURY OCCURRED** **Heart disease**

3. CERTIFICATION **DATE** **July 23, 1973** **TIME** **1:55 P.M.** **BY** **James Raymond** **DATE SIGNED** **7/23/73**

CERTIFIER **James Raymond** **DATE** **7/23/73**

REGISTRAR **James Raymond** **DATE** **7/23/73**

DEATH CERTIFICATE, REMOVAL **2865 Daggett Street** **Klamath Falls** **OREGON** **97601**

BURIAL **2865 Daggett Street** **Klamath Falls** **OREGON** **97601**

FUNERAL HOME-NAME AND ADDRESS **Ward's Funeral Home, Box 217, Klamath Falls, Ore. 97601**

DATE RECEIVED BY LOCAL REGISTRAR **July 23, 1973** **DATE RECEIVED BY STATE REGISTRAR**

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 Shirley Murphy Deputy Registrar
Date July 23, 1973
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Marian Freeman
this 2nd day of August A. D., 19 73 at 10:27 o'clock A. M., and duly recorded in
Vol. M 73 of Deeds on Page 9992
Fee \$ 2.00
WM. D. MILNE, County Clerk
By Carol Wheeler

28-5023
X40140

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2/19/74 10:21 AM

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