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STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND
PUBLIC HEALTH SERVICE

STATE FILE NO. 009388

LOCAL REGISTRAR'S NUMBER 197

MARGIN RESERVED FOR BINDING — 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.

1. NAME OF DECEASED (First / Middle / Last)	CHARLES HENRY SWIFT
2. PLACE OF DEATH A. COUNTY	Klamath
B. CITY, TOWN, OR LOCATION	Klamath Falls
C. LENGTH OF STAY IN 2B	40 Yrs.
D. NAME OF HOSPITAL OR INSTITUTION	Klamath Valley Hospital
3. USUAL RESIDENCE A. STATE	Oregon
B. COUNTY	Klamath
C. CITY, TOWN OR LOCATION	Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.	3118 Crosby Ave.
4. DATE OF DEATH (Month / Day / Year)	July 8 1965
5. SEX	Male
6. COLOR OR RACE	White
7. MARITAL STATUS	[X] Married
8. SOCIAL SECURITY NO.	543-10-2730
9. USUAL OCCUPATION	Millworker
10. KIND OF BUSINESS OR INDUSTRY	Weyler Bros. Lumber
11. NAME OF SPOUSE	Viola Louise Swift
12. DATE OF BIRTH (Month / Day / Year)	November 24 1907
13. AGE LAST BIRTHDAY	57
14. BIRTHPLACE	Michigan
15. WAS DECEASED A CITIZEN OF	[X] U.S.
16. IF DECEASED WAS A VETERAN, WHAT WAR?	No
17. NAME OF FATHER	Charles Swift
18. MAIDEN NAME OF MOTHER	Sarah Husslton
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED	Louise Oden – daughter

MEDICAL CERTIFICATION

20. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Acute hypoxia — minutes
DUE TO (B): Aspirated mucous [illegible]
DUE TO (C): Pleomorphic bronchogenic carcinoma — months
2 mediastinal metastases

20. Was an autopsy performed? [X] Yes

22. WAS DEATH ACCIDENT / SUICIDE / HOMICIDE — 24. IF ACCIDENT, DID INJURY OCCUR AT WORK / NOT AT WORK — 25A. PLACE OF INJURY — 26. TIME OF INJURY — 27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: Performed an autopsy 7/9/65 ... 11:59 ...
[signature], M.D. Klamath Falls, Oregon 7/10/65

29. RESERVED FOR REGISTRAR'S USE 162.1

Burial — 7/10/65 — Klamath Memorial Park — Klamath Falls, Oregon
[illegible] Klamath Falls, Oregon

STATE OF OREGON, COUNTY OF MULTNOMAH) SS DATE ISSUED May 8 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

AUG 9 10 57 AM 1973

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of VIOLA L. SWIFT
this 9th day of AUGUST A. D., 19 73 at 10;57 o'clock A M., and duly recorded in
Vol. M 73, of DEEDS on Page 10472

FEE $ 2.00

WM. D. MILNE, County Clerk
By Mary L. Lindsay

Return to: Viola L. Swift
3118 Crosby St.