

81552

Vol. 72 P. 12564

15-011023

Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number 276		State File Number	
DECEASED-NAME First Middle Last Ruth A. Mercer		DATE OF DEATH (month, day, year) July 21, 1973	
1. RACE (White, Negro, American Indian, etc. (specify)) White		2. DATE OF BIRTH (month, day, year) July 16, 1906	
3. SEX Female		4. AGE-Last birthday (years) 67	
5. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		6. HOSPITAL OR OTHER INSTITUTION-NAME (if not in either, give street and number) Pres. Intercomm. Hospt.	
7. COUNTY OF DEATH Klamath		8. NAME OF SPOUSE Joseph W. Mercer	
9. STATE OF BIRTH (if not in U.S.A., name country) Oklahoma		10. MARITAL STATUS (Married, Widowed, Divorced, Single) Married	
11. SOCIAL SECURITY NUMBER 540-09-2426		12. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Homemaker	
13. RESIDENCE-STATE Oregon		14. STREET AND NUMBER OR R.F.D. 2505 Hope St.	
15. FATHER-NAME first middle last Charles Pickett		16. MOTHER-Maiden Name first middle last Elmira Rose	
17. INFORMANT-NAME and relationship to deceased Joseph W. Mercer, Husband		18. APPROXIMATE INTERVAL between onset and death	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			
19. (a) Immediate cause Metastatic Carcinoma of pleura, bronchus, peritoneum, ovaries			
(b) Cause origin Unknown			
(c) 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 (a)			
20. ACCIDENT (specify yes or no) No			
21. INJURY AT WORK (specify yes or no) No			
22. DATE OF INJURY (month, day, year) July 21, 1973			
23. HOUR 6:20 P. M.			
24. LOCATION (street or R.F.D. No., city or town, county, state) Klamath Falls, Oregon			
25. PHYSICIAN-SIGNATURE William G. Holford Jr. M.D.			
26. MAILING ADDRESS-PHYSICIAN 4036 So. 6th St., Klamath Falls, Oregon 97601			
27. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial			
28. CEMETERY OR CREMATORY-NAME Eternal Hills			
29. LOCATION (street, city or town, state, zip) Klamath Falls, Oregon 97601			
30. FUNERAL HOME-NAME AND ADDRESS O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore.			
31. DATE RECEIVED BY LOCAL REGISTRAR JUL 21 1973			
32. DATE RECEIVED BY STATE REGISTRAR AUG 6 1973			
33. REGISTRAR-SIGNATURE Thimble Murphy			
34. RESERVED FOR REGISTRAR'S USE			

STATE OF OREGON

DATE ISSUED SEPTEMBER 10, 1973

County of Multnomah

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 Transamerica Title Ins

this 17 day of Sept A. D. 1973 at 2:26 o'clock P. M., and duly recorded in Vol. M-73 of deeds on Page 12564

2.00

WM. D. MILNE, County Clerk

By Hazel Drayton deputy