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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

33 Local File Number

CERTIFICATE OF DEATH

71 000492 State File Number

1. DECEDENT—NAME: First VIOLA	Middle MYRTLE	Last SAUER		2. DATE OF DEATH (month, day, year): January 30, 1971	
3. RACE (White, Negro, American Indian, etc. (specify): White	4. SEX: Female	5a. AGE—Last birthday (years): 71	5b. Under 1 year: mos. days	5c. Under 1 day: hours min.	6. DATE OF BIRTH (month, day, year): February 19, 1899
7a. COUNTY OF DEATH: 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): Presbyterian Intercommunity		
8. STATE OF BIRTH (If not in U.S.A., name country): Nebraska	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Alvin A. Sauer		
12. SOCIAL SECURITY NUMBER: 513-10-4789	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife	13b. KIND OF BUSINESS OR INDUSTRY: At Home			
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Klamath Falls	14d. Inside City Limits (specify yes or no): No	14e. STREET AND NUMBER OR R.F.D.: 4413 Frieda Avenue	
15. FATHER—NAME first middle last: (no record) Holstrom	16. MOTHER—Maiden Name first middle last: Nora (No record)	17. INFORMANT—NAME and relationship to deceased: Donald A. Sauer (Son)			

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

		Approximate interval between onset and death
18. Immediate cause	Cardiac Arrhythmia	24 hrs.
(a) due to, or as a consequence of:	Septicemia	5 days
(b) due to, or as a consequence of:	Cat bite, hemolytic staph	10 days
(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.

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

20a. ACCIDENT (suicide, yes or no): Yes	20b. DATE OF INJURY (month, day, year): 1/20/71	20c. HOUR: Daytime M.	20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): Pet cat bit hand
20e. INJURY AT WORK (specify yes or no): No	20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): Home	20g. LOCATION (street or R.F.D. No., city or town, county, state): 4413 Frieda Ave.	

21. CERTIFICATION—PHYSICIAN: I attended the deceased from:	month: Oct	day: 4	year: 1963	to month: 1	day: 30	year: 71

And Last Saw Him/Her Alive on: month 1 day 30 year 71 — I Did/Did Not view the body after death (specify) — DEATH OCCURRED (hour): 4:25 PM — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Mark S. Kochevar M.D. — 22b. NAME (type or print): Mark Kochevar M.D. — 22c. DATE SIGNED (month, day, year): 2-1-71

23. NAME AND ADDRESS—PHYSICIAN: 1905 Main Street, Klamath Falls, Oregon 97601

24a. DISPOSITION—CREMATION, REMOVAL, BURIAL: Burial — 24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park — 24c. LOCATION city or town state: Klamath Falls, Oregon — 24d. DATE (mo., day, year): Feb. 2, 1971

25a. FUNERAL DIRECTOR—SIGNATURE: W. W. Ward — 25b. 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: Marian Lakeman — 26b. DATE RECEIVED BY LOCAL REGISTRAR: FEB 2 1971 — 27. DATE RECEIVED BY STATE REGISTRAR: FEB 16 1971

28. RESERVED FOR REGISTRAR'S USE: Items 20a-g added by supp. 3/3/71, Martin, State Reg. -WCC

VS-1 R-9

DATE ISSUED Sep. 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

Miriam M. Martin

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Klamath County Title

this 19 day of Sept A. D., 19 73 at 12:00 o'clock M., and duly recorded in Vol. M-73, of Deeds on Page 12715

2.00

WM. D. MILNE, County Clerk

By Hazel Dragil deputy