

81778

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Vol. 73 Page 12883

CERTIFICATE OF DEATH

1. DECEASED—NAME First Middle Last Charles Frederick Snyder		2. DATE OF DEATH (month, day, year) September 3, 1973	
3. RACE (White, Negro, American Indian, etc. (specify)) White		4. SEX Male	
5. AGE—Last birthday (years) 58		6. DATE OF BIRTH (month, day, year) July 15, 1915	
7a. COUNTY OF DEATH Multnomah		7b. CITY, TOWN, OR LOCATION OF DEATH Portland	
8. STATE OF BIRTH (If not in U.S.A., name country) Oregon		9. CITIZEN OF WHAT COUNTRY U.S.A.	
10. SOCIAL SECURITY NUMBER 543-12-2416		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
12. RESIDENCE—STATE Oregon		13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Pipe Fitter (Maintenance)	
14a. COUNTY Klamath		14b. CITY, TOWN, OR LOCATION Klamath Falls	
15. FATHER—NAME first middle last Frederick Snyder		16. MOTHER—Maiden Name first middle last Edith Berdsell	
17. INFORMANT—NAME and relationship to deceased Ruth E. Snyder, Wife		18. DEATH WAS CAUSED BY: (a) <u>Cardiac Arrest</u> (b) <u>Metabolic Imbalance of Renal Failure</u> (c) <u>Dissection (spontaneous) Aortic + Rad. Artery</u> Halted Post Surgical Repair Dissection of Aorta	
19. ACCIDENT (specify yes or no) No		20. DATE OF INJURY (month, day, year) 8-1-73	
21. INJURY AT WORK (specify yes or no) No		22. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) None	
23. PHYSICIAN—NAME U. Scott Page MD		24. NAME (type or print) U. Scott Page	
25. MAILING ADDRESS—PHYSICIAN 2226 N. W. Pettygrove		26. CITY OR TOWN Portland, Oregon	
27. STATE OF OREGON		28. ZIP 97210	
29. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		30. CEMETERY OR CREMATORY—NAME Eternal Hills	
31. FUNERAL HOME—NAME AND ADDRESS O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore.		32. DATE RECEIVED BY LOCAL REGISTRAR SEP 18 1973	
33. DATE RECEIVED BY STATE REGISTRAR		34. DATE (mo., day, year) 9-6-73	
35. REGISTRAR—SIGNATURE Mike O'Hair #59		36. REGISTRAR—SIGNATURE [Signature]	
37. RESERVED FOR REGISTRAR'S USE		38. DATE RECEIVED BY LOCAL REGISTRAR SEP 18 1973	
39. DATE RECEIVED BY STATE REGISTRAR		40. DATE (mo., day, year) 9-6-73	

STATE OF OREGON

COUNTY OF MULTNOMAH

Division of Public Health

Date SEP 18 1973

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County

(Seal)

Ret: Ruth E. Snyder
347 Fulton St
PBy [Signature]
Deputy Registrar of Vital StatisticsSTATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Ruth Snyderthis 24th day of Sept A.D., 1973 at 2:05 o'clock P.M., and duly recorded in
Vol. M73 of Deeds on Page 12883

Fee \$2.00

WM. D. MILNE, County Clerk

by Louis Quintana, Deputy