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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

364 Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: JOE Middle: EDD Last: TRAMEL
2. DATE OF DEATH (month, day, year): September 27, 1973
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 60
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): October 18, 1912
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 3520 Lindberg Street

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

8. STATE OF BIRTH (If not in U.S.A., name country): Texas
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Margaret A. Tramel
12. SOCIAL SECURITY NUMBER: 527-05-8407
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Retired - Watchman
13b. KIND OF BUSINESS OR INDUSTRY: Saw mill
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.: 3520 Lindberg Street
15. FATHER—NAME first middle last: Luther Clarence Tramel
16. MOTHER—Maiden Name first middle last: Cora Elizabeth Perkins
17. INFORMANT—NAME and relationship to deceased: Margaret A. Tramel (Wife)

CAUSE

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 (a) Probable Cardiac Arrest — ~~Minutes~~
due to, or as a consequence of: (b) Severe pulmonary Emphysema & Rt. heart Strain — Years
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: due to, or as a consequence of: (c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) — AUTOPSY (yes or no): 19a. no — IF YES were findings considered in determining cause of death: 19b.

1. Muscular Dystrophy, Carcinoma of Nasal pharynx with metastasis

CERTIFIER

2. ACCIDENT (specify yes or no): 20a. — DATE OF INJURY (month, day, year): 20b. — HOUR: 20c. M. — HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): 20d.
3. INJURY AT WORK (specify yes or no): 20e. — PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): 20f. — LOCATION (street or R.F.D. No., city or town, county, state): 20g.

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: Jan. 25, 1972 (month day year) TO Sept. 27, 1973 (month day year) — And Last Saw Him/Her Alive on: 8-28-73 (month day year) — I Did/Did Not view the body after death (specify) — DEATH OCCURRED (hour): 4:10 A M. — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Kenneth K. Magee M.D.
22b. NAME (type or print): Kenneth K. Magee degree or Title: M.D.
22c. DATE SIGNED (month, day, year): Sept.27, 1973
23. MAILING ADDRESS—PHYSICIAN street: Medical-dental Building city or town: Klamath Falls state: Oregon zip: 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
24c. LOCATION city or town state: Klamath Falls, Oregon
24d. DATE (mo., day, year): Oct. 1, 1973
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

4. 26a. REGISTRAR—SIGNATURE: Marian Johnson
26b. DATE RECEIVED BY LOCAL REGISTRAR: SEP 28 1973
27. DATE RECEIVED BY STATE REGISTRAR:
5. RESERVED FOR REGISTRAR'S USE
6. 28.

VS-2 R-69

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 Marian Johnson, Deputy Registrar
Date SEP 28 1973 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of MARGARET TRAMEL
this 2nd day of OCTOBER A. D., 19 73 at 12:56 o'clock P.M., and duly recorded in
Vol. M 73 of DEEDS on Page 13310

WM. D. MILNE, County Clerk
By Hazel Cragil Deputy

FEE $ 2.00

Rel: Margaret Tramel
3520 - Lindberg St
K-7