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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Vol. M 72 Page

229
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: Emma Middle: Elizabeth Last: Wilson
2. DATE OF DEATH (month, day, year): 7-27-73
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 88
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): 2-19-85
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): Washburn Manor
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: --
12. SOCIAL SECURITY NUMBER: 541-58-5322
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker
13b. KIND OF BUSINESS OR INDUSTRY: --

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

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Malin
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: P.O. Box 453
15. FATHER—NAME first middle last: Abraham Turner
16. MOTHER—Maiden Name first middle last: Emmaline
17. INFORMANT—NAME and relationship to deceased: Halbert Wilson, Son

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. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
- immediate cause
- (a) due to, or as a consequence of:
- (b) due to, or as a consequence of:
- (c) Chronic myocarditis — 20 years

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Parkinsons Disease

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

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

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: June 1953 (month day year) TO July 27, 1973 (month day year) And Last Saw Him/Her Alive on: July 27, 1973 (month day year) I Did/Did Not view the body after death (specify): did not. DEATH OCCURRED (hour): 12:45 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Jack N Martin, MD
22b. NAME (type or print): Jack N. Martin degree or Title: M.D.
22c. DATE SIGNED (month, day, year): July 30, 1973
23. MAILING ADDRESS—PHYSICIAN: 4036 So. 6th St., (street) Klamath Falls, (city or town) Oregon (state) 97601 (zip)

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Malin Comm. Cemetery
24c. LOCATION city or town: Malin, state: Oregon
24d. DATE (mo., day, year): 7-30-73
25a. FUNERAL DIRECTOR—SIGNATURE: Merle O'Hair #59
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore 97601
26a. REGISTRAR—SIGNATURE: Winifred Murphy
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1973
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON
County of Klamath ss.
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 Winifred Murphy, Deputy Registrar
Date JUL 31 1973 19
VOID IF ALTERED

(SEAL)

return to
William Bidwell
107 S. Spring

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Klamath County Title
Filed for record at request of _____ o'clock a M., and duly recorded in
this 10 day of Oct A.D., 19 73 at 1:40 Vol. M-73 on Page 13654 of deeds
2.00
WM. D. MILNE, County Clerk
By Adell Sharpe, Deputy