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Local File Number

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

State File Number

DECEASED

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

DECEASED—NAME: Barbara (First) Jane (Middle) Chilcote (Last)

DATE OF DEATH (month, day, year): January 21, 1973

DATE OF BIRTH (month, day, year): August 18, 1921

RACE (White, Negro, American Indian, etc. (specify)): White

SEX: Female

AGE (last birthday (years)): 51

Under 1 Year: mos. / days; Under 1 Day: hours / min.

COUNTY OF DEATH: Klamath

CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

Inside City Limits (specify yes or no): Yes

HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 723 Loma Linda Dr.

STATE OF BIRTH (if not in U.S.A. name of country): Illinois

CITIZEN OF WHAT COUNTRY: U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

NAME OF SPOUSE: Robert B. Chilcote

SOCIAL SECURITY NUMBER: 543-16-4982

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Secretary

KIND OF BUSINESS OR INDUSTRY: Chamber of Commerce

RESIDENCE—STATE: Oregon

COUNTY: Klamath

CITY, TOWN, OR LOCATION: Klamath Falls

Inside City Limits (specify yes or no): Yes

STREET AND NUMBER OR RFD: 723 Loma Linda Dr.

FATHER—NAME (first, middle, last): Roy D. Rakestraw

MOTHER (Maiden Name) (first, middle, last): Barbara Ann Bailey

INFORMANT—NAME and relationship to deceased: Robert B. Chilcote, Husband

CAUSE

PART I. DEATH WAS CAUSED BY (Immediate Cause): Hypoxia and toxemia

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last: Laryngotracheobronchitis, severe

Early bronchopneumonia

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

approximate interval between onset and death: hours

AUTOPSY (yes or no): Yes

IF YES were findings considered in determining cause of death: Yes

PART II. OTHER SIGNIFICANT CONDITIONS (conditions contributing to death but not related to cause given in Part I): None

MEDICAL INVESTIGATOR

DATE OF INJURY (month, day, year):

HOUR:

HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18):

INJURY AT WORK (specify yes or no):

PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)):

LOCATION (street or R.F.D. No., city or town, county, state):

CERTIFICATION—MEDICAL INVESTIGATOR: I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:

DEATH OCCURRED (hour): 5:00 A.M.

THE DECEDENT WAS PRONOUNCED DEAD (month, day, year, hour): Jan. 21, 1973 10:30 A.M.

FROM: Natural Causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ]

CERTIFIER

CERTIFIER—SIGNATURE: Veldon Boge M.D.

NAME (type or print): Veldon Boge

Degree or Title: M.D.

DATE SIGNED (month, day, year): February 15, 1973

MEDICAL INVESTIGATOR: FOR: Klamath COUNTY

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

CEMETERY OR CREMATORY—NAME: Klamath Mem. Park

LOCATION (city or town, state): Klamath Falls, Oregon

DATE (month, day, year): 1-23-73

FUNERAL DIRECTOR—SIGNATURE: Mike O'Hair #59

FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

REGISTRAR—SIGNATURE: Marion Scherman

DATE RECEIVED BY LOCAL REGISTRAR: Feb. 15, 1973

DATE RECEIVED BY STATE REGISTRAR:

RESERVED FOR REGISTRAR'S USE

S-107 R-72

ORIGINAL — VITAL STATISTICS COPY

Sub. Robert B. Chilcote
111 No 9th
1973

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 _____, Deputy Registrar
Date 19

VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Robert Chilcote
Filed for record at request of _____ at 4:00 o'clock P.M., and duly recorded in this 18th day of October A.D., 1973
Vol. M 73 of Deeds on Page 14065

WM. D. MILNE, County Clerk
By _____ Deputy

Fee 2.00