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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 458

State File Number:

DECEASED

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Bertha Ella Guthrie
2. DATE OF DEATH (month, day, year)	December 9, 1973
3. RACE White, Negro, American Indian, etc. (specify)	White
4. SEX	Female
5a. AGE—last birthday (years)	72
5b. Under 1 year (mos., days)	
5c. Under 1 day (hours, min.)	
6. DATE OF BIRTH (month, day, year)	March 1, 1901
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)	Pres. Intercomm. Hospt.
8. STATE OF BIRTH (if not in U.S.A., name country)	Minnesota
9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11. NAME OF SPOUSE	Everett Guthrie
12. SOCIAL SECURITY NUMBER	none
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Homemaker
13b. KIND OF BUSINESS OR INDUSTRY	--
14a. RESIDENCE—STATE	Oregon
14b. COUNTY	Klamath
14c. CITY, TOWN, OR LOCATION	Klamath Falls
14d. Inside City Limits (specify yes or no)	Yes
14e. STREET AND NUMBER OR R.F.D.	904 Martin St.
15. FATHER—NAME (first, middle, last)	Marshall Albert Powell
16. MOTHER—Maiden Name (first, middle, last)	Lora Jones
17. INFORMANT—NAME and relationship to deceased	Everett Guthrie, Husband

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

CAUSE

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

18.	Cause	Approximate interval between onset and death
(a) immediate cause	Metastatic Carcinoma of lung	2 years
(b) due to, or as a consequence of:	Carcinoma of Breast	8 years
(c) due to, or as a consequence of:		

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 (a)

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

Field	Entry
20a. ACCIDENT (specify yes or no)	
20b. DATE OF INJURY (month, day, year)	April 2, 1973 (struck through)
20c. HOUR	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: April 2 1973 to Dec. 9, 1973. And Last Saw Him/Her Alive on: Dec 9 1973. I Did/Did Not view the body after death (specify): Did not. DEATH OCCURRED (hour) 6:00 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

Field	Entry
22a. PHYSICIAN—SIGNATURE	Jack N Martin M.D.
22b. NAME (type or print)	Jack N. Martin
degree or Title	M.D.
22c. DATE SIGNED (month, day, year)	Dec 10, 1973
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip)	4036 So. 6th St., Klamath Falls, Oregon 97601

BURIAL

Field	Entry
24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Burial
24b. CEMETERY OR CREMATORY—NAME	Eternal Hills
24c. LOCATION (city or town, state)	Klamath Falls, Oregon
24d. DATE (mo., day, year)	12-12-73
25a. FUNERAL DIRECTOR—SIGNATURE	Mike O'Hair #42
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	Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR	DEC 11 1973
27. DATE RECEIVED BY STATE REGISTRAR	
28. RESERVED FOR REGISTRAR'S USE	

1.
2.
3.
4.
5.
6.

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.

(SEAL)

VELDON C. BOGE, M.D., Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar
Date DEC 21 1973 19
VOID IF ALTERED

Everett Guthrie
904 Martin
K. F.

Cq.2.00

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Everett Guthrie
this 26th day of Dec. A. D., 1973 at 9:47 o'clock A M., and duly recorded in
Vol. M73 of Deeds on Page 16330

WM. D. MILNE, County Clerk
By Lucia Aratola Deputy

Fee $2.00