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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section
CERTIFICATE OF DEATH

State File Number

Vol. 73 Page 16330

DECEASED

Usual residence where deceased lived at death, or residence at residence before admission.

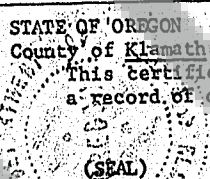
CAUSE

CERTIFIER

BURIAL

RESERVED FOR REGISTRAR'S USE

1. DECEASED—NAME First Middle Last Bertha Ella Guthrie		2. DATE OF DEATH (month, day, year) December 9, 1973	
3. RACE (Specify) White		4. SEX Female	
5. COUNTY OF DEATH Klamath		6. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
7. STATE OF BIRTH (same country) Minnesota		8. U.S.A.	
9. SOCIAL SECURITY NUMBER		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
11. HOME		12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	
13. RESIDENCE—STATE Oregon		14. CITY, TOWN, OR LOCATION Klamath Falls	
15. FATHER—NAME (first middle last) Marshall Albert Powell		16. MOTHER—Maiden Name (first middle last) Lora Jones	
17. DEATH WAS CAUSED BY: (a) Immediate cause (b) Due to, or as a consequence of: (c) Carcinoma of Breast		18. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) 2 years 8 years	
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a), (b), and (c) 19. AUTOPSY (Yes or No) 20. IF YES, were findings confirmed in determining cause of death (Yes or No)			
21. ACCIDENT (Specify yes or no) 22. PLACE OF INJURY (at home, farm, street, factory, office, etc. (Specify)) 23. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 18)		24. DATE OF INJURY (month, day, year) 25. HOUR 26. M.	
27. PHYSICIAN—SIGNATURE 28. PHYSICIAN—NAME (Print) 29. DATE RECEIVED BY LOCAL REGISTRAR 30. DATE RECEIVED BY STATE REGISTRAR		31. DEATH OCCURRED (Specify month, day, year) 32. DATE SIGNED (month, day, year) 33. DEATH OCCURRED at the place on the day and, to the best of any knowledge, the cause of death was as stated.	
34. CERTIFICATION—month day year 35. PHYSICIAN—SIGNATURE 36. PHYSICIAN—NAME (Print) 37. DATE RECEIVED BY LOCAL REGISTRAR 38. DATE RECEIVED BY STATE REGISTRAR		39. MARRIAGE ADDRESS—PHYSICIAN 40. MARRIAGE ADDRESS—NAME (Print) 41. LOCATION (city or town, state) 42. DATE (month, day, year) 43. DATE (month, day, year)	
44. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 45. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 46. DATE RECEIVED BY LOCAL REGISTRAR 47. DATE RECEIVED BY STATE REGISTRAR		48. BURIAL (Specify) 49. ETERNAL HILLS 50. Klamath Falls, Oregon 51. DATE (month, day, year) 52. DATE (month, day, year)	



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 Marion Johnson, Deputy Registrar
Date DEC 21 1973
VOID IF ALTERED

Emera Guthrie
904 Martin
K. O.

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 Christensen Deputy

Fee \$2.00