

FEB 13 11 34 AM 1974

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STATE OF OREGON - HEALTH DIVISION  
Vital Statistics Section

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CERTIFICATE OF DEATH

1. DECEASED NAME		First Middle Last		Local File Number		State File Number	
VERA		MAY		YOUNG		DATE OF DEATH (month, day, year)	
2. RACE		3. SEX		4. AGE		5. DATE OF BIRTH (month, day, year)	
White		Female		60		September 1, 1913	
6. COUNTY OF DEATH		7. CITY, TOWN, OR LOCATION OF DEATH		8. COUNTY		9. CITIZEN OR WHAT COUNTRY	
Klamath		Klamath Falls		Klamath		USA	
10. SOCIAL SECURITY NUMBER		11. MARITAL STATUS		12. WIDOWED, DIVORCED (check)		13. NAME OF SPOUSE	
53-09-2470		MARRIED		YES		Fred H. Young	
14. RESIDENT-SITE		15. HOUSEHOLD		16. CITY, TOWN, OR LOCATION		17. STREET AND NUMBER OR R.F.D.	
Oregon		Household		Klamath Falls		227 Evansia	
18. FATHER'S NAME		19. MOTHER'S NAME		20. FIRST MIDDLE LAST		21. FRED H. YOUNG	
George B. Baker		No record		No record		Husband	
22. DEATH WAS CAUSED BY		23. IMMEDIATE CAUSE		24. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))		25. YOUNG	
Acute heart		Acute heart		Acute heart		Acute heart	
26. CONDITIONS, IF ANY, WHICH MAY BE CAUSE OF DEATH		27. (a) Due to, or as a consequence of:		28. (b) Due to, or as a consequence of:		29. (c) Due to, or as a consequence of:	
Chronic heart disease, Arteriosclerosis, Heart Disease		Chronic heart disease, Arteriosclerosis, Heart Disease		Chronic heart disease, Arteriosclerosis, Heart Disease		Chronic heart disease, Arteriosclerosis, Heart Disease	
30. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to cause given in Part I (a)		31. (b) NON INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)		32. AUTOPTIC		33. IF YES, were findings considered in determining cause of death	
34. ACCIDENT		35. DATE OF INJURY		36. HOUR		37. LOCATION (street or R.F.D. No., city or town, county, state)	
38. PLACE OF INJURY		39. PLACE OF INJURY		40. PLACE OF INJURY		41. PLACE OF INJURY	
39. PHYSICIAN		40. DATE OF INJURY		41. HOUR		42. LOCATION (street or R.F.D. No., city or town, county, state)	
43. PHYSICIAN'S SIGNATURE		44. NAME (type or print)		45. DEGREE OR TITLE		46. DATE SIGNED (month, day, year)	
Kenneth K. Hagedorn, M.D.		Kenneth K. Hagedorn, M.D.		M.D.		Jan. 18, 1974	
47. MAJOR ADDRESS - PHYSICIAN		48. STREET		49. CITY OR TOWN		50. STATE	
409 Medical Dental Building		Klamath Falls, Oregon		97601		DATE (mo., day, year)	
51. FUNERAL HOME - NAME AND ADDRESS		52. CITY, TOWN, OR LOCATION		53. STATE		54. DATE (mo., day, year)	
Funeral Home - Name and Address		Klamath Falls, Oregon		97601		Jan. 21, 1974	
55. FUNERAL DIRECTOR'S SIGNATURE		56. NAME (type or print)		57. DEGREE OR TITLE		58. DATE RECEIVED BY STATE REGISTRAR	
Funeral Director's Signature		Fred H. Young		Registrar		JAN 18 1974	
59. REGISTERED FOR REGISTRAR'S USE		60. DATE RECEIVED BY REGISTRAR		61. DATE RECEIVED BY REGISTRAR		62. DATE RECEIVED BY REGISTRAR	
63. DATE RECEIVED BY REGISTRAR		64. DATE RECEIVED BY REGISTRAR		65. DATE RECEIVED BY REGISTRAR		66. DATE RECEIVED BY REGISTRAR	

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 Manuel Robinson, Deputy Registrar  
Date JAN 23 1974  
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.  
Filed for record at request of FRED YOUNG  
this 13th day of FEBRUARY A. D., 19 74 at 11:37 o'clock A M., and duly recorded in  
Vol. M 74 of DEEDS on Page 2375  
FEE \$ 2.00  
WM. D. MILNE, County Clerk  
By Handwritten Signature Deputy