

MAR 4 3 56 PM 1974

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Medical Certificate of Death

1. DECEASED, RESIDENT OF ORIGIN:
(a) State Oregon (b) County Klamath
(c) City or town Klamath Falls
(d) Street No. 2235 Hughes St.
(e) If foreign born, how long in U. S. A. _____ years

2. MEDICAL CERTIFICATION
Date of death Month October day 16th year 1942 hour 5 minute 25 A.M.
I hereby certify that I attended the deceased from Oct 12 to Oct 16, and that death occurred on the day and hour stated above. 1222
Immediate medical cause acute pneumonia
Due to respiration of small
inhalation of pus
from nose
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Physician
Underline the cause to which death should be attributed

3. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on street, in industrial place, in public place? (Specify type of place)
While at work? (Specify type of work)
Signature E. J. Smith, M.D. Date Oct 17, 1942
Address 1015 1/2 St. N. Klamath Falls, Ore.

4. Burial or disposal:
Buried in _____
Cremated in _____
Other _____

5. Signature of Registrar
Signature N. R. Rappaport

DATE ISSUED Mar. 1 1974

(TINOMAH)SS
GOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND
COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE
THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR
Marion M. Moten

COUNTY OF KLAMATH; ss.
of KIAMATH COUNTY TITLE CO
MARCH A. D., 1974 at 3:56 o'clock P. M., and duly recorded in
DEEDS on Page 3065
WM. D. MILNE, County Clerk
By Vazel Drayton Deputy