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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. M-74 Page 3134

Local File Number: 63

CERTIFICATE OF DEATH

State File Number:

DECEASED

1. Deceased name — First: FREDERICK Middle: EARL Last: GERDING
2. Date of death (month, day, year): February 25, 1974
3. Race (White, Negro, American Indian, etc.) (specify): White
4. Sex: Male
5a. Age — last birthday (years): 59
5b. Under 1 year — mos. / days:
5c. Under 1 day — hours / min.:
6. Date of birth (month, day, year): October 29, 1914
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): Presbyterian Intercommunity
8. State of birth (if not in U.S.A., name country): Texas
9. Citizen of what country: USA
10. Married, never married, widowed, divorced (specify): Married
11. Name of spouse: Helen E. Gerding
12. Social security number: 560-03-7367
13a. Usual occupation (give kind of work done during most of working life, even if retired): Conductor
13b. Kind of business or industry: So. Pacific R.R.

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

14a. Residence—State: Oregon
14b. County: Klamath
14c. City, town, or location: Klamath Falls
14d. Inside city limits (specify yes or no): No
14e. Street and number or R.F.D.: 4678 Thompson Avenue
15. Father—Name (first, middle, last): Frederick Earl Gerding
16. Mother—Maiden name (first, middle, last): Georgia Long
17. Informant—Name and relationship to deceased: Helen E. Gerding (Wife)

CAUSE

PART I. 18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

	Cause	Approximate interval between onset and death
(a) immediate cause	GI hemorrhage	2-3 days
(b) due to, or as a consequence of:	Cirrhosis of liver	6 months
(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:

20a. Accident (specify yes or no):
20b. Date of injury (month, day, year):
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 10 9 67 to 2/25/74. And last saw him alive on: 2/24/74. Death occurred (hour) 6:00 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. Physician—Signature: [signature] M.D.
22b. Name (type or print): William A. Bartlett, M.D.
22c. Date signed (month, day, year): 2/25/74
23. Mailing address—Physician: 2560 Daggett, Klamath Falls, Oregon 97601

BURIAL

24a. Burial, cremation, removal, maus. (specify): Cremation
24b. Cemetery or crematory—name: Ashland Crematorium
24c. Location: Ashland, Oregon
24d. Date (mo., day, year): Feb. 27, 1974
25a. Funeral director—signature: [signature]
25b. Funeral home—name and address (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26a. Registrar—signature: Marian Eckerman
26b. Date received by local registrar: FEB 26 1974
27. Date received by state registrar:
28. Reserved for registrar's use

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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 Eckerman, Deputy Registrar
Date MAR ... 1974
VOID IF ALTERED

Ret: Helen E. Gerding
4678 Thompson Ave
K.F.

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Helen Gerding
this 6th day of March A.D., 19 74 at 10:51 o'clock A M., and duly recorded in
Vol. M-74, of Deed on Page 3134

WM. D. MILNE, County Clerk
By Hazel Drazil Deputy

Fee $2.00