

87480

90

CERTIFICATE OF DEATH

4250

STATE OF OREGON, HEALTH DIVISION
Vital Statistics Section

Vol. 74

Page 4250

DECEASED-NAME Hilma		Maiden Name N.		First Name Froid		DATE OF DEATH (month, day, year) March 23, 1974	
1. RACE, WHITE, Negro, American Indian, etc. (specify) White		4. SEX Female		5. AGE (last birthday) 82		6. DATE OF BIRTH (month, day, year) December 9, 1891	
3. COUNTY OF DEATH Klamath		7. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		8. USUAL RESIDENCE (give kind of work done during life) Homemaker		9. HOSPITAL OR OTHER INSTITUTION-NAME (if no place, give the community hospital) The Community Hosp.	
12. RESIDENCE-STATE Oregon		13. COUNTY Klamath		14. CITY, TOWN, OR LOCATION Klamath Falls		15. STREET AND NUMBER OR R.F.D. 3113 Atiamont Dr.	
16. FATHER-NAME Martin Olson		17. MOTHER-NAME No Record		18. MALE-NAME Mae Esqate, Daughter		19. FEMALE-NAME Mae Esqate, Daughter	
PART I. DEATH WAS CAUSED BY: (a) Immediate cause (b) Due to, or as a consequence of (c) Condition, if any, which gave rise to the death, stating the underlying cause last							
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to cause given in Part I (a) (a) Chronic disease (b) Injury (c) Other							
1. ACCIDENT (specify yes or no) No		2. DATE OF INJURY March 23, 1974		3. PLACE OF INJURY (home, farm, street, factory, etc. (specify) Home		4. LOCATION (street or R.F.D. No., city or town, county, state) Klamath Falls, Oregon	
5. INJURY AT WORK (specify yes or no) No		6. DATE OF INJURY March 23, 1974		7. PLACE OF INJURY (home, farm, street, factory, etc. (specify) Home		8. LOCATION (street or R.F.D. No., city or town, county, state) Klamath Falls, Oregon	
9. CERTIFICATION (specify yes or no) No		10. DATE OF INJURY March 23, 1974		11. PLACE OF INJURY (home, farm, street, factory, etc. (specify) Home		12. LOCATION (street or R.F.D. No., city or town, county, state) Klamath Falls, Oregon	
13. PHYSICIAN (specify) Raymond Tice		14. NAME (type or print) Raymond Tice		15. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		16. DATE SIGNED (month, day, year) March 27, 1974	
17. PHYSICIAN (specify) Raymond Tice		18. NAME (type or print) Raymond Tice		19. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		20. DATE SIGNED (month, day, year) March 27, 1974	
21. PHYSICIAN (specify) Raymond Tice		22. NAME (type or print) Raymond Tice		23. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		24. DATE SIGNED (month, day, year) March 27, 1974	
25. PHYSICIAN (specify) Raymond Tice		26. NAME (type or print) Raymond Tice		27. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		28. DATE SIGNED (month, day, year) March 27, 1974	
29. PHYSICIAN (specify) Raymond Tice		30. NAME (type or print) Raymond Tice		31. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		32. DATE SIGNED (month, day, year) March 27, 1974	
33. PHYSICIAN (specify) Raymond Tice		34. NAME (type or print) Raymond Tice		35. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		36. DATE SIGNED (month, day, year) March 27, 1974	
37. PHYSICIAN (specify) Raymond Tice		38. NAME (type or print) Raymond Tice		39. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		40. DATE SIGNED (month, day, year) March 27, 1974	
41. PHYSICIAN (specify) Raymond Tice		42. NAME (type or print) Raymond Tice		43. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		44. DATE SIGNED (month, day, year) March 27, 1974	
45. PHYSICIAN (specify) Raymond Tice		46. NAME (type or print) Raymond Tice		47. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		48. DATE SIGNED (month, day, year) March 27, 1974	
49. PHYSICIAN (specify) Raymond Tice		50. NAME (type or print) Raymond Tice		51. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		52. DATE SIGNED (month, day, year) March 27, 1974	
53. PHYSICIAN (specify) Raymond Tice		54. NAME (type or print) Raymond Tice		55. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		56. DATE SIGNED (month, day, year) March 27, 1974	
57. PHYSICIAN (specify) Raymond Tice		58. NAME (type or print) Raymond Tice		59. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		60. DATE SIGNED (month, day, year) March 27, 1974	
61. PHYSICIAN (specify) Raymond Tice		62. NAME (type or print) Raymond Tice		63. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		64. DATE SIGNED (month, day, year) March 27, 1974	
65. PHYSICIAN (specify) Raymond Tice		66. NAME (type or print) Raymond Tice		67. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		68. DATE SIGNED (month, day, year) March 27, 1974	
69. PHYSICIAN (specify) Raymond Tice		70. NAME (type or print) Raymond Tice		71. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		72. DATE SIGNED (month, day, year) March 27, 1974	
73. PHYSICIAN (specify) Raymond Tice		74. NAME (type or print) Raymond Tice		75. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		76. DATE SIGNED (month, day, year) March 27, 1974	
77. PHYSICIAN (specify) Raymond Tice		78. NAME (type or print) Raymond Tice		79. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		80. DATE SIGNED (month, day, year) March 27, 1974	
81. PHYSICIAN (specify) Raymond Tice		82. NAME (type or print) Raymond Tice		83. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		84. DATE SIGNED (month, day, year) March 27, 1974	
85. PHYSICIAN (specify) Raymond Tice		86. NAME (type or print) Raymond Tice		87. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		88. DATE SIGNED (month, day, year) March 27, 1974	
89. PHYSICIAN (specify) Raymond Tice		90. NAME (type or print) Raymond Tice		91. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		92. DATE SIGNED (month, day, year) March 27, 1974	
93. PHYSICIAN (specify) Raymond Tice		94. NAME (type or print) Raymond Tice		95. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		96. DATE SIGNED (month, day, year) March 27, 1974	
97. PHYSICIAN (specify) Raymond Tice		98. NAME (type or print) Raymond Tice		99. ADDRESS (street or R.F.D. No., city or town, county, state) Medical Dentl. Bld., Klamath Falls, Oregon		100. DATE SIGNED (month, day, year) March 27, 1974	

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 Marianne Johnson Deputy Registrar
Date MAR 27 1974

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of MRS. WALLACE ESCATEthis 8th day of APRIL A.D., 1974 at 11:49 o'clock A M., and duly recorded in
Vol. M 74 of DEEDS on Page 4250

FREE \$ 2.00

WM. D. MILNE, County Clerk

Hazel Wallace DeputyRel Mrs. Wallace Escate
1833 Hawthorne
1974