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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

43
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1. First: EARL Middle: MICHAEL Last: IRVINE

DATE OF DEATH (month, day, year) 2. February 5, 1974

DATE OF BIRTH (month, day, year) 6. December 15, 1899

3. RACE White, Negro, American Indian, etc. (specify): White

4. SEX: Male

5a. AGE—Last birthday (years): 74

5b. Under 1 year: mos. / days

5c. Under 1 day: hours / min.

7a. COUNTY OF DEATH: Klamath

7b. CITY, TOWN, OR LOCATION OF DEATH: Malin

7c. Inside City Limits (specify yes or no): Yes

7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): No numbers - Box 178

8. STATE OF BIRTH (If not in U.S.A., name country): Oregon

9. CITIZEN OF WHAT COUNTRY: USA

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11. NAME OF SPOUSE: Nellie Irvine

12. SOCIAL SECURITY NUMBER: 540-20-1076

13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Sheep shearer

13b. KIND OF BUSINESS OR INDUSTRY: Self

14a. RESIDENCE—STATE: Oregon

14b. COUNTY: Klamath

14c. CITY, TOWN, OR LOCATION: Malin

14d. Inside City Limits (specify yes or no): Yes

14e. STREET AND NUMBER OR R.F.D.: No numbers — Box 178

15. FATHER—NAME first middle last: Osbert E. Irvine

16. MOTHER—Maiden Name first middle last: Florence — Gibson

17. INFORMANT—NAME and relationship to deceased: Nellie Irvine (Wife)

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

18. Immediate cause (a): Inanition & Debilitation — approximate interval between onset and death: weeks

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

due to, or as a consequence of (b): Carcinomatosis — months

due to, or as a consequence of (c): Primary Carcinoma of Prostate — Years

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Paraplegia due to cord metastasis

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 Ooccurred (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)

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year: July 6 1972 to month day year: Feb. 4 1974

And Last Saw Him/Her Alive on: month day year: Feb. 1 1974

I Did/Did Not view the body after death (specify)

DEATH OCCURRED (hour): 6:55 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

21. PHYSICIAN—SIGNATURE: [signature] D.O.

22a. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): Malin, Oregon 97632

22b. NAME (type or print) degree or Title: L. Palzinski, D.O.

22c. DATE SIGNED (month, day, year): Feb. 5 1974

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

24a. CEMETERY OR CREMATORY—NAME: Malin Cemetery

24c. LOCATION city or town state: Malin, Oregon

24d. DATE (mo., day, year): Feb. 8, 1974

25. FUNERAL DIRECTOR—SIGNATURE: [signature]

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: [signature]

26b. DATE RECEIVED BY LOCAL REGISTRAR: FEB 7 1974

27. DATE RECEIVED BY STATE REGISTRAR: FEB 19 1974

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON ss.
County of Multnomah

DATE ISSUED APRIL 24 1974

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Health Division and in my official care and custody.

STATE REGISTRAR

Rel' Wilbur C. Buchanan
Married Che

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of WILBUR O. BRUCKNER

this 15th day of May A. D., 1974 at 11:00 o'clock A M., and duly recorded in Vol. M 74, of DEEDS on Page 6046.

FEE $ 2.00

WM. D. MILNE, County Clerk

By Hazel Dragoo Deputy