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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Local File Number 450

CERTIFICATE OF DEATH

State File Number

DECEASED

Field	Entry
1. Deceased—Name (First, Middle, Last)	Thomas W. Newton
2. Date of Death (month, day, year)	Nov. 30, 1973
3. Race (White, Negro, American Indian, etc.)	White
4. Sex	Male
5a. Age—last birthday (years)	94
5b. Under 1 year (mos., days)	
5c. Under 1 day (hours, min.)	
6. Date of Birth (month, day, year)	July 15, 1897
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	
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	Bernice Newton
12. Social Security Number	560-50-3019
13a. Usual Occupation (give kind of work done during most of working life, even if retired)	Farmer
13b. Kind of Business or Industry	Farming

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

Field	Entry
14a. Residence—State	Oregon
14b. County	Klamath
14c. City, Town, or Location	Klamath Falls
14d. Inside City Limits (specify yes or no)	yes
14e. Street and Number or R.F.D.	2244 Darrow Ave.
15. Father—Name (first, middle, last)	Hardy Newton
16. Mother—Maiden Name (first, middle, last)	Fanny Miller
17. Informant—Name and relationship to deceased	Bernice Newton-Wife

CAUSE

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

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

	Cause	Approximate interval between onset and death
(a) immediate cause	Anoxia	5 min
(b) due to, or as a consequence of:	Acute bronchopneumonia	3 days
(c) due to, or as a consequence of:	Fractured left hip	6 wks

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Generalized arteriosclerosis

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 11-30-66 to 11 30 73. And last saw him/her alive on 11 28 73. I Did/Did Not view the body after death (specify). Death occurred (hour) 4:20 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. Physician—Signature: Mark S. Kochevar MD
22b. Name (type or print): Mark S. Kochevar M.D.
22c. Date Signed (month, day, year): 11-30-73
23. Mailing Address—Physician: 1905 Main, Klamath Falls, Oregon 97601

BURIAL

24a. Burial, Cremation, Removal, Maus. (specify): Burial
24b. Cemetery or Crematory—Name: Mt. Laki
24c. Location (city or town, state): Klamath Falls, Ore.
24d. Date (mo., day, year): 12-3-73
25a. Funeral Director—Signature: Mike O'Hair #42
25b. Funeral Home—Name and Address: O'Hair's Funeral Chapel 515 Pine Klamath Falls, Ore. 97601
26a. Registrar—Signature: Marian Ackerman
26b. Date Received by Local Registrar: NOV 30 1973
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 Ackerman Deputy Registrar

Date DEC 3 1973 19

VOID IF ALTERED

Ret: Wilbur O. Buckner
Merrill
City

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of WILBUR O. BUCKNER ATTY

this 17th day of May A. D. 19 74 at 10:52 o'clock A M., and duly recorded in

Vol. M 74, of DEEDS on Page 6190

FEE $ 2.00

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy