90357

JUN 26 10 39 AM STATE OF OREGON—STATE HEALTH DIVISION Vol M74 Page 7851

Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number | State File Number

1. DECEASED—NAME First: EVELYN	Middle: HOPE	Last: BERRY		2. DATE OF DEATH (month, day, year): DECEMBER 7, 1973	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Female	5a. AGE—last birthday (years): 58	5b. Under 1 year: mos. days	5c. Under 1 day: hours min.	6. DATE OF BIRTH (month, day, year): November 24, 1915
7a. COUNTY OF DEATH: Multnomah	7b. CITY, TOWN, OR LOCATION OF DEATH: Portland	7c. Inside City Limits (specify yes or no): Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 736 N.E. 19TH		
8. STATE OF BIRTH (if not in U.S.A., name of country): Kansas	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Hershel Berry		
12. SOCIAL SECURITY NUMBER: 509-14-1356	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife	13b. KIND OF BUSINESS OR INDUSTRY: At home			
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 RFD: 3625 Homedale Rd.	
15. FATHER—NAME first middle last: Ben — Graves	16. MOTHER—Maiden Name first middle last: Lela Josephine Wheatley	17. INFORMANT—Name and relationship to deceased: Hershel Berry (Husband)			

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Approximate interval between onset and death

18. Immediate Cause (a): ARTERIOSCLEROTIC HEART DISEASE.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
(b) due to, or as a consequence of:
(c) due to or as a consequence of:

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a): DIABETES MELLITUS

19a. AUTOPSY (yes or no): NO

19b. IF YES were findings considered in determining cause of death

20a. DATE OF INJURY (month, day, year)	20b. HOUR	20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)

20d. INJURY AT WORK (specify yes or no)	20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	20f. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFICATION—MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

21a. DEATH OCCURRED (hour)	21b. THE DECEDENT WAS PRONOUNCED DEAD month	day	year	hour	21c. FROM: Natural Causes XXX	Accident ☐	Suicide ☐
8:00 P.M.	DEC.	7,	1973	9:00 P.M.	Homicide ☐	Undetermined ☐	Pending ☐

22a. CERTIFIER—SIGNATURE: Larry Lewman MD

22b. NAME (type or print): LARRY V. LEWMAN, M.D. — Degree or Title

MEDICAL INVESTIGATOR FOR: STATE OF OREGON — COUNTY

22c. DATE SIGNED (month, day, year): DECEMBER 10, 1973

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION city or town state	24d. DATE (month, day, year)
Burial	Eternal Hills	Klamath Falls, Oregon	Dec. 12, 1973

25a. FUNERAL DIRECTOR—SIGNATURE: W. W. Ward

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: [illegible]

26b. DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1973

27. DATE RECEIVED BY STATE REGISTRAR

28. RESERVED FOR REGISTRAR'S USE

VS-107 REV. 2-73

ORIGINAL—VITAL STATISTICS COPY

STATE OF OREGON)
COUNTY OF MULTNOMAH)

Date DEC 13 1973

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

(Seal)

[illegible] Registrar of Vital Statistics

By Audrey Strader

STATE OF OREGON; COUNTY OF KLAMATH: ss.

Filed for record at request of Hershel Berry

this 26th day of June A. D., 19 74 at 10:39 o'clock A. M., and duly recorded in Vol. M 74, of Deeds on Page 7851

Fee $ 2.00

WM. D. MILNE, County Clerk

By Carol Wheeler Deputy