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CERTIFIED COPY OF DEATH RECORD

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 49

State File Number:

DECEASED

1. DECEASED—NAME: First: Earl, Middle: Ezra, Last: Vinson
2. DATE OF DEATH (month, day, year): Nov. 12, 1970
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): January 9, 1911
7a. COUNTY OF DEATH: Wallowa
7b. CITY, TOWN, OR LOCATION OF DEATH: Wallowa
7c. Inside City Limits (specify yes or no): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Troy Route - Eden Bench
8. STATE OF BIRTH (if not in U.S.A., name of country): Oklahoma
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Annie Mae Vinson
12. SOCIAL SECURITY NUMBER: 441-01-8290
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Millworker - Ret.
13b. KIND OF BUSINESS OR INDUSTRY: Lumbering
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 RFD: 2010 Vine
15. FATHER—NAME (first, middle, last): David Vinson
16. MOTHER—Maiden Name (first, middle, last): Ola Stewart
17. INFORMANT—NAME and relationship to deceased: Annie Mae Vinson - wife

CAUSE

(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. PART I. DEATH WAS CAUSED BY:
Immediate Cause (a): Myocardial [illegible] — approximate interval between onset and death: 0.
due to, or as a consequence of: (b) Coronary [illegible]
due to, or as a consequence of: (c)

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

PART II. OTHER SIGNIFICANT CONDITIONS:

19a. AUTOPSY: No

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year): None
20b. HOUR: — M.
20c. HOW INJURY OCCURRED: —
20d. INJURY AT WORK (specify yes or no): —
20e. PLACE OF INJURY: —
20f. LOCATION: —

CERTIFICATION—MEDICAL INVESTIGATOR: I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted at or about

21a. DEATH OCCURRED (hour): 4:00 A.M.
21b. THE DECEDENT WAS PRONOUNCED DEAD: Nov. [illegible] 1970, 9:00 P.M.
21c. Natural Causes ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐
Name (type or print): B. R. Scharff, M.D.

CERTIFIER

22a. CERTIFIER SIGNATURE: [illegible signature]
Date signed: November 13, 1970

23. Medical Investigator for: Wallowa

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS (specify): Removal
24b. CEMETERY OR CREMATORY—NAME: [illegible] Funeral Home
24c. LOCATION: Klamath Falls, Oregon
Date: Nov. 13, 1970
24d. FUNERAL HOME—NAME AND ADDRESS: [illegible] Funeral Home - [illegible] Main St., [illegible]
24e. FUNERAL DIRECTOR SIGNATURE: [illegible signature]
25a. REGISTRAR SIGNATURE: Evelyn [illegible]
25b. DATE RECEIVED BY LOCAL REGISTRAR: Nov. 13, 1970
26. DATE RECEIVED BY STATE REGISTRAR:

RESERVED FOR REGISTRAR'S USE

VS-107 R-67

STATE OF OREGON
County of Wallowa

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the State Board of Health.

Evelyn [illegible]
Local Registrar Vital Statistics
By Evelyn [illegible]
Notary Public for Oregon
My commission expires July 27, 1971

Dated: Nov. 13, 1970

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of [illegible]
this [illegible] day of [illegible] A.D., 19[illegible] at [illegible] o'clock [illegible] M., and duly recorded in
Vol. [illegible] of [illegible] on Page 12435

WM. D. MILNE, County Clerk
By [illegible] Deputy

Annie M. [illegible]
2010 Vine
City

Fee [illegible]