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STATE OF OREGON – HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 323

DECEASED

- 1. Deceased–Name: First: James; Middle: T.; Last: Glover
- 2. Date of Death (month, day, year): October 4, 1974
- 3. Race (White, Negro, American Indian, etc.) (specify): White
- 4. Sex: Male
- 5a. Age–Last birthday (years): 74
- 6. Date of Birth (month, day, year): April 12, 1900
- 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: Pres. Intercomm. Hospt.
- 8. State of Birth (if not in U.S.A., name country): Colorado
- 9. Citizen of What Country: U.S.A.
- 10. Married, Never Married, Widowed, Divorced (specify): Married
- 11. Name of Spouse: Hazel H. Glover
- 12. Social Security Number: 572-03-9100 A
- 13a. Usual Occupation (give kind of work done during most of working life, even if retired): Horseman
- 13b. Kind of Business or Industry: Horse Training
- 14a. Residence–State: Oregon
- 14b. County: Klamath
- 14c. City, Town, or Location: Klamath Falls
- 14d. Inside City Limits: No
- 14e. Street and Number or R.F.D.: 1036 Hanks
- 15. Father–Name: Carl N. Glover
- 16. Mother–Maiden Name: Dorothy E. Neathery
- 17. Informant–Name and relationship to deceased: Hazel V. Hall, step daughter

CAUSE

18. Part I. Death was caused by: (Enter only one cause per line for (a), (b), and (c)) — Approximate interval between onset and death

- (a) Immediate cause: Congestive Heart Failure — 3 mos
- (b) Due to, or as a consequence of: Myocardial Infarction — 3 mos
- (c) Due to, or as a consequence of: Arteriosclerotic Heart Disease

Part II. Other significant conditions: conditions contributing to death but not related to cause given in Part I (a)

- 19a. Autopsy (specify yes or no): No

20a. Accident: — 20b. Date of Injury: — 20c. Hour: — 20d. How injury occurred: — 20e. Injury at work: — 20f. Place of injury: — 20g. Location:

CERTIFIER

- 21. Certification–Physician: I attended the deceased from 1970 to Oct. 4, 1974; and last saw him/her alive on Oct. 3, 1974; Did/Did not view the body after death: No; Death occurred at 3:00 A. M.
- 22a. Physician–Signature: Craig A. Bennett M.D.
- 22b. Name (type or print): Craig A. Bennett, M.D.
- 22c. Date signed (month, day, year): Oct 4 74
- 23. Mailing Address–Physician: 1905 Main St., Klamath Falls, Oregon 97601

BURIAL

- 24a. Burial, Cremation, Removal: Burial
- 24b. Cemetery or Crematory–Name: Klamath Memorial Park
- 24c. Location: Klamath Falls, Oregon
- 24d. Date: 10-7-74
- 25a. Funeral Director–Signature: Mike O'Hair
- 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: Oct 4 1974
- 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.

Vernon C. BOGE, M.D., Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar

Date 10/7/1974

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH: ss.

Filed for record at request of Hazel Hall
this 10th day of Oct. A.D. 1974 at 9:57 o'clock A M., and duly recorded in
Vol. M-74 of Deeds on Page 13259

Fee $2.00

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

Hazel V. Hall
3707 Cottage Ave. City