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STANDARD CERTIFICATE OF DEATH '68 006719

STATE OF OREGON
BOARD OF HEALTH · PORTLAND
PUBLIC HEALTH SERVICES

LOCAL REGISTRAR'S NUMBER 145 · STATE FILE NO. · DATE RECEIVED JUN 11 1968

1. NAME OF DECEASED (Type or print all names to have title) Anna Margaret Snyder
2. PLACE OF DEATH A. COUNTY Klamath
B. CITY, TOWN OR LOCATION Klamath Falls
C. LENGTH OF STAY IN 2B 23 Years
D. NAME OF HOSPITAL OR INSTITUTION Pres. Intercomm. Hospt.
3. USUAL RESIDENCE A. STATE Oregon B. COUNTY Klamath
CITY, TOWN OR LOCATION Klamath Falls
D. STREET ADDRESS RURAL ROUTE 2934 Cortez St.
4. DATE OF DEATH May 21, 1968
5. SEX Female
6. COLOR OR RACE Caucasian
7. MARITAL STATUS X Married
8. SOCIAL SECURITY NO 593-22-9809
9. USUAL OCCUPATION Homemaker
10. KIND OF BUSINESS OR INDUSTRY
11. NAME OF SPOUSE Martin Snyder
12. DATE OF BIRTH June 15, 1915
13. AGE LAST BIRTHDAY 52
14. BIRTHPLACE Redding, California
15. WAS DECEASED A CITIZEN OF
16. IF DECEASED WAS A VETERAN WHAT WAR? No
17. NAME OF FATHER Frank Sohsn
18. MAIDEN NAME OF MOTHER Katherine Stieber
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Martin Snyder, husband
20. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) Gram Neg Sept
DUE TO (B) Pyelonephritis (Gram Neg Sept) 4 days
DUE TO (C)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I
21. WAS AUTOPSY PERFORMED? X Yes
22. WAS DISEASE REPORTED? X Yes
23. ACCIDENT, SUICIDE, HOMICIDE RESULT OF
24. ACCIDENT, SUICIDE, HOMICIDE OCCURRED AT
25A. PLACE OF INJURY
25B.
26. TIME OF INJURY
27. DESCRIBE HOW INJURY OCCURRED
28. CERTIFICATE I certify that I attended the deceased from 20 May 68 to 5-22-68 and that the death occurred at 4:15 P.M. Klamath Falls Ore. 5-21-68
29. RESERVED FOR REGISTRAR'S USE 622.0
30. DATE OF BURIAL 5-24-68 Mt. Calvary Cemetery Klamath Falls, Ore.
31. DATE RECEIVED BY LOCAL REGISTRAR 5-23-68
32. REGISTRAR'S SIGNATURE Mary Nelson
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS O'Hair's 515 Pine, K. Falls, Ore.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. FULLY SUPPLIED INFORMATION SHOULD BE CARE-FULLY REVIEWED BY STATE CAUSE OF DEATH IN PLAIN TERMS. THE PLACE SHOULD BE STATED EXACTLY. ENVELOPES SHOULD BE SHOPPED LY CLASSIFIED

DATE ISSUED Sep. 17 1974

STATE OF OREGON, COUNTY OF MULTNOMAH)SS
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

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Martin Snyder

this 18th day of Oct. A. D., 19 74 at 4:41 o'clock P.M., and duly recorded in Vol. M 74, of Deeds on Page 13690

WM. D. MILNE, County Clerk

Return Martin Snyder 3401 Shasta Way City

Fee 2.00 By Hazel Drazil Deputy