

95376

356

STATE OF OREGON—STATE BOARD OF HEALTH

Vital Statistics Section

CERTIFICATE OF DEATH

14-35 for Vol. 74

15401

Local File Number: 356

First Middle Last: Thomas James Tennery

DATE OF DEATH (month, day, year): November 2, 1970

DATE OF BIRTH (month, day, year): April 19, 1891

STANDARD NUMBER: 15401

DECEASED

Usual residence where deceased lived, if death occurred in residence, with residence before admission, if applicable:

1. RACE, WHITE, Negro, American Indian, etc. (specify): White

2. SEX: male

3. AGE—last birthday (years): 79

4. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

5. COUNTY OF DEATH: Klamath

6. STATE OF BIRTH (name country): USA

7. SOCIAL SECURITY NUMBER: 543-10-1774 A

8. CITIZEN OF WHAT COUNTRY: USA

9. USUAL OCCUPATION (give kind of work done during most of year preceding death): Physician

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11. NAME OF SPOUSE: Velma Tennery

12. RESIDENCE—STATE: Oregon

13. CITY, TOWN, OR LOCATION: Klamath Falls

14. INSIDE CITY LIMITS (yes or no): Yes

15. STREET AND NUMBER OR R.F.D.: 2285 Oregon Ave

16. MOTHER—Maiden Name first middle last: Mary Holmes

17. INMATE—NAME and relationship to deceased: Velma Tennery wife

18. FATHER—NAME first middle last: John Tennery

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

PART I IMMEDIATE CAUSE

(a) MASSIVE CEREBRAL HEMORRHAGE

(b) Cerebral Atherosclerosis

(c) Hypertension

Conditions, if any, which gave rise to, or hastened the onset of, the disease or condition causing death, or as a consequence of: 15 years

PART II OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related by cause given in Part I (a), (b), or (c): 45 years

1. ACCIDENT (specify yes or no): no

2. DATE OF INJURY (month, day, year): no

3. HOUR: no

4. LOCATION (street or R.F.D. No., city or town, county, state): no

5. INJURY AT WORK (specify yes or no): no

6. PLACE OF INJURY (at home, farm, street, factory, office, shop, etc. (specify)): no

7. CERTIFICATION—month 1 day 2 year 70: month 11 day 2 year 70

8. PHYSICIAN (name, address, city or town, county, state): no

9. DECEASED FROM: no

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11. DEGREE or TITLE: no

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