

96937 268 Local File Number

STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

Vol. M-15 Page 1126
74 012399

CERTIFICATE OF DEATH

State File Number

DECEASED-NAME First Middle Last
1. MONA WILLIAMS CLEARY

2. August 28, 1974
DATE OF DEATH (month, day, year)

3. White
RACE (specify)

4. Female
SEX

5a. 69
AGE-Last birthday (years)

5b. Under 1 year
mos. days hours min.

6. December 1, 1904
DATE OF BIRTH (month, day, year)

7a. Klamath
COUNTY OF DEATH

7b. Klamath Falls
CITY, TOWN, OR LOCATION OF DEATH

7c. Yes
Inside City Limits (specify yes or no)

8. Nebraska
STATE OF BIRTH (if not in U.S.A., name country)

9. USA
CITIZEN OF WHAT COUNTRY

10. Widowed
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)

11. Presbyterian Intercommunity
HOSPITAL OR OTHER INSTITUTION-NAME (if not in either, give street and number)

12. 555-50-1567 - A
SOCIAL SECURITY NUMBER

13a. School Teacher - Retired
USUAL OCCUPATION (give kind of work done during most of working life, even if retired)

13b. Education
KIND OF BUSINESS OR INDUSTRY

14. Oregon
RESIDENCE-STATE

14a. Klamath
COUNTY

14b. Klamath Falls
CITY, TOWN, OR LOCATION

14c. Yes
Inside City Limits (specify yes or no)

14d. 151 No. Williams
STREET AND NUMBER OR R.F.D.

15. C.H.B. Fuller
FATHER-NAME first middle last

16. Pearly Mae Hoard
MOTHER-Maiden Name first middle last

17. Beth Paulin (Sister)
INFORMANT-NAME and relationship to deceased

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

19a. No
AUTOPSY (yes or no)

19b. 4 months
IF YES were findings considered in determining cause of death

20. No
INJURY AT WORK (specify yes or no)

20a. No
ACCIDENT (specify yes or no)

20b. No
DATE OF INJURY (month, day, year)

20c. No
HOUR

20d. No
LOCATION (street or R.F.D. No., city or town, county, state)

20e. No
PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)

20f. No
DATE OF INJURY (month, day, year)

20g. No
And Last Saw Him/Her Alive on: month day year

20h. No
I Did/Did Not view the body after death (specify)

20i. No
DEATH OCCURRED at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

20j. No
DEATH SIGNED (month, day, year)

21. Sept. 27, 1972 to Aug. 28, 1974
CERTIFICATION-Physician: I attended the deceased from:

22a. Blake Berven, M.D.
PHYSICIAN-SIGNATURE

22b. Blake Berven, M.D.
NAME (type or print)

22c. August 28, 1974
DATE SIGNED (month, day, year)

23. Medical Dental Building, Klamath Falls, Oregon 97601
MAILING ADDRESS-PHYSICIAN

24. Arlington Cemetery
BURIAL, CREMATION, REMOVAL, MAUS. (specify)

24a. Arlington Cemetery
CEMETERY OR CREMATORY-NAME

24b. Arlington, Washington
LOCATION city or town

24c. August 30, 1974
DATE (mo., day, year)

25. Hard's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
FUNERAL HOME-NAME AND ADDRESS

25a. AUG 28 1974
DATE RECEIVED BY LOCAL REGISTRAR

25b. SEP 9 1974
DATE RECEIVED BY STATE REGISTRAR

26. Maria Schuman
REGISTRAR-SIGNATURE

27. SEP 9 1974
DATE RECEIVED BY STATE REGISTRAR

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON

County of Multnomah

DATE ISSUED OCTOBER 15 1974

Mike Brantx
325 Main
K-2

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.

RECEIVED JAN 27 1978
9:30 AM

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of MICHAEL ERMDY ATTY
this 27th day of January A.D., 1975 at 9:30 o'clock A.M., and duly recorded in
Vol. M 75 of DEEDS on Page 1126
FEE \$ 2.00
WM. D. MILNE, County Clerk
By Hazel Drazic Deputy

OCT 16 1974