Vol. M 75 Page 7235

8957

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 865

STATE FILE NO. 016190

DATE RECEIVED

1. NAME OF DECEASED (Type or Print all entries in black ink) — First: MABEL — Middle: HELENE — Last: ROBINSON

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN OR LOCATION: Klamath Falls
C. LENGTH OF STAY IN B: 50 years
D. NAME OF HOSPITAL OR INSTITUTION: Presbyterian Intercommunity Hospital

3. USUAL RESIDENCE
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION: Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 1204 Crescent Avenue

4. DATE OF DEATH: November 15 1966
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: Married
8. SOCIAL SECURITY NO.: 540-50-0564
9. USUAL OCCUPATION: Housewife
10. KIND OF BUSINESS: At Home
11. NAME OF SPOUSE: Burton K. Robinson
12. DATE OF BIRTH: October 25 1900
13. AGE LAST BIRTHDAY: 66 Yrs
14. BIRTHPLACE: Badger, Minnesota
15. WAS DECEASED A CITIZEN OF: U.S.
16. IF DECEASED WAS A VETERAN, WHAT WAR?: No
17. NAME OF FATHER: John Michaelson
18. MAIDEN NAME OF MOTHER: Anna Sophia Fandam
19. INFORMANT'S NAME AND ADDRESS: Burton K. Robinson (Husband)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Peritonitis — Interval: 20 days
DUE TO (B): Ruptured diverticulitis of colon — 20 days
DUE TO (C):

PART II. Other Significant Conditions

21. If deceased was Female, was there a pregnancy in the past 12 months? No

23. WAS DEATH RESULT OF: Accident / Suicide / Homicide
24. IF ACCIDENT DID INJURY OCCUR: At Work / Not At Work
25A. PLACE OF INJURY
25B. City / County
26. TIME OF INJURY
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATION: I certify that I attended the deceased from 10-26-66 to 11-15-66 and that the death occurred at 1:50 p.m. from the causes and on the date stated above.
Signature: [signature] M.D. — Address: M.D., Klamath Falls, Ore

29. RESERVED FOR REGISTRAR'S USE

30a. DECEASED WILL BE: Buried
30b. DATE: 11/17/66
30c. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
30d. LOCATION: Klamath Falls
31. DATE RECEIVED BY LOCAL REGISTRAR: 11-17-66
32. REGISTRAR'S SIGNATURE: [signature]
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: B. W. Ward, Klamath

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS SO THAT IT MAY BE PROPERLY CLASSIFIED.

DATE ISSUED June 18 1975

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
[signature]

Ret. B. K. Robinson
1204 Crescent
K.F.

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of B. K. ROBINSON
this 26th day of JUNE A. D., 19 75 at 8;30 o'clock A M., and duly recorded in
Vol. M 75, of DEEDS on Page 7235

WM. D. MILNE, County Clerk
FEE $ 2.00
By [signature] Deputy