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38-9267

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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 11
State File Number:

1. (First, Middle, Last): James Blaine Pennington
2. DATE OF DEATH (month, day, year): January 11, 1970
3. (White, Negro, American Indian, etc. (specify)): white
4. SEX: male
5a. AGE—Last birthday (years): 85
5b. Under 1 year — mos. / days:
5c. Under 1 day — hours / min.:
6. DATE OF BIRTH (month, day, year): September 10, 1884
7a. 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 (if not in either, give street and number): Washburn Manor
8. (if not in U.S.A., name country): Kentucky
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): married
11. NAME OF SPOUSE: Dora Pennington
12. 700-14-0509
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Telegraph Operator
13b. KIND OF BUSINESS OR INDUSTRY: S. P. Railroad
14a. Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): yes
14e. STREET AND NUMBER OR R.F.D.: 215 East Main
15. (first, middle, last): Manifee Pennington
16. MOTHER—Maiden Name (first, middle, last): Martha Bales
17. INFORMANT—NAME and relationship to deceased: Dora Pennington widow

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

18. Immediate cause
(a) Metastatic carcinoma - primary site undetermined — approximate interval between onset and death: known 6 mos
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b)
due to, or as a consequence of:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Arteriosclerosis, post CVA,

19a. AUTOPSY (yes or no): no
19b. IF YES were findings considered in determining cause of death:

20a. ACCIDENT (specify yes or no):
20b. DATE OF INJURY (month, day, year):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
20e. INJURY AT WORK (specify yes or no):
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify):
20g. LOCATION (street or R.F.D. No., city or town, county, state):

21. CERTIFICATION—PHYSICIAN: I attended the deceased from 2-1-68 to 1-11-69 (month, day, year); And last saw him/her alive on 1-7-70; I Did/Did Not (circled) view the body after death (specify); DEATH OCCURRED (hour): 4:50 PM at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: James A. Rogers M.D.
22b. NAME (type or print): James A. Rogers, M. D. — degree or title
22c. DATE SIGNED (month, day, year): January 12, 1970
23. MAILING ADDRESS—PHYSICIAN: 1435 Esplanade, Klamath Falls, Oregon 97601
24a. BURIAL, CREMATION, REMOVAL (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): Jan. 14, 1970
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel 515 Pine Klamath Falls Oregon
26. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1970
27. DATE RECEIVED BY STATE REGISTRAR: JAN 26 1970
28. RESERVED FOR REGISTRAR'S USE

Margin: 99.0 / 11 / 181 / 0

VS-3 R-69

JUL 16 1975
RECEIVED
3:50 pm

DATE ISSUED June 27 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
[signature]

2nd Return
U.S. National
P.O. Box 1107 Medford OR 97501

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of TRANSAMERICA TITLE INS. CO
this 16th day of JULY A. D., 19 75 at 3;50 o'clock P M., and duly recorded in
Vol. M 75, of DEEDS on Page 8103

WM. D. MILNE, County Clerk
By Hazel Drazil Deputy

FEE $ 3.00