

RECEIVED JUL 17 1975
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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

State File Number

223

First Middle Last
HELEN GERTRUDE WEAVER

DATE OF DEATH (month, day, year)
July 15, 1969

1. Sex: Female
2. Age: 54
3. Race: White
4. Date of Birth: March 28, 1915
5. City, Town, or Location of Death: Klamath Falls
6. Hospital or Other Institution—Name: Presbyterian Intercommunity
7. Name of Doctor: James W. Weaver
8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
9. Occupation (give kind of work done during most of working life, even if retired): Housewife
10. Kind of Business or Industry: At home
11. Street and Number or R.F.D. (specify yes or no): 1405 Highway 140
12. Informant—Name and relationship to deceased: James W. Weaver (Husband)

13. Father—Name: Albert Brummitt
14. Mother—Maiden Name: Crystal Glenn DeGarmo

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

(a) *Endicott's Failure*
(b) *Cervical Tumor*
(c) *CA of Cervix*

USE

PART II. OTHER SIGNIFICANT CONDITIONS, conditions contributing to death but not related to cause given in Part I:

Cellulitis of the pharynx

18. ACCIDENT (specify yes or no): No
19. INJURY AT WORK (specify yes or no): No
20. CREMATION—PHYSICIAN: Yes
21. PHYSICIAN—SIGNATURE: *Earle M. LeVernois, M.D.*
22. MAILING ADDRESS—PHYSICIAN: Medical Dental Building, Klamath Falls, Oregon 97601
23. BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify): Burial
24. FUNERAL HOME—NAME AND ADDRESS: Ward's Klamath Funeral Home, Klamath Falls, Oregon 97601
25. REGISTRAR—SIGNATURE: *Mary Nelson*
26. DATE RECEIVED BY LOCAL REGISTRAR: 7-15-69
27. DATE RECEIVED BY STATE REGISTRAR: JUL 24 1969

DATE ISSUED July 15 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.

James W. Weaver
8445 Hwy 140, City (KF)

STATE REGISTRAR

Marie M. [Signature]

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of JAMES W. WEAVER

this 17th day of July A. D., 1975 at 10:38 o'clock A. M., and duly recorded in

Vol. M 75 of Deeds on Page 8106

Fee \$ 3.00

WM. D. MILNE, County Clerk

By *Carol [Signature]* Deputy