3039

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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 219

State File Number:

DECEASED

1. DECEASED—NAME First: ANNETTA Middle: EMILY Last: ASH
2. DATE OF DEATH (month, day, year): June 27, 1975
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 88
5b. Under 1 year (mos., days):
5c. Under 1 day (hours, min.):
6. DATE OF BIRTH (month, day, year): August 22, 1886
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Klamath County Nursing Home
8. STATE OF BIRTH (If not in U.S.A., name country): California
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: - - - - - - - - - -
12. SOCIAL SECURITY NUMBER: 543 - 64 - 5199
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): School Teacher - Retired
13b. KIND OF BUSINESS OR INDUSTRY: Elementary Schools

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: 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.: 318 North Ninth St.
15. FATHER—NAME first middle last: Louis Napoleon Girard
16. MOTHER—Maiden Name first middle last: Charlotte Anastasia King
17. INFORMANT—NAME and relationship to deceased: Estella Milkey - Sister

CAUSE

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

	Cause	Approximate interval between onset and death
(a) immediate cause	Myocardial infarction	10 min
(b) due to, or as a consequence of:	ASHD c chronic atrial fibrillation	10 yrs
(c) due to, or as a consequence of:		

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

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

19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death:
20a. ACCIDENT (specify yes or no): 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)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: March 28, 1973 to June 27, 1975 And Last Saw Him/Her Alive on: October 11, 1975 I Did/Did Not view the body after death (specify): did not DEATH OCCURRED (hour): 10:40 p.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Blake Berven
22b. NAME (type or print): Blake Berven degree or title: M.D.
22c. DATE SIGNED (month, day, year): June 30, 1975
23. MAILING ADDRESS—PHYSICIAN street: Medical-Dental Building city or town: Klamath Falls state: Oregon zip: 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gar.
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (mo., day, year): July 1, 1975
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): WARD'S KLAMATH FUNERAL HOME, INC. - Box 217 - Klamath Falls, Oregon 97601
26a. REGISTRAR—SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUN 30 1975
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

RECEIVED JUL 24 1975
11:00 am

VS-2 R-69

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

VELDON C. BOGE, M.D., Registrar Vital Statistics

By [signature], Deputy Registrar
Date JUL 2 1975 19
VOID IF ALTERED

(SEAL)

ret Ganong & Sisemore
540 Main
K. Falls

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of GANONG & SISEMORE ATTYS
this 24th day of JULY A. D. 19 75 at 11:00 o'clock A. M., and duly recorded in
Vol. M 75, of DEEDS on Page 8400
FEE $ 3.00 WM. D. MILNE, County Clerk
By [signature] deputy