3045

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. M 75 Page 8408

251
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First: Arlan; Middle: Edward; Last: Thurman
2. DATE OF DEATH (month, day, year): July 17, 1975
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 61
5b. Under 1 year: mos.
5c. Under 1 day: days / hours / min.
6. DATE OF BIRTH (month, day, year): September 5, 1913
7a. COUNTY OF DEATH: 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): D.O.A. Pres. Intercomm. Hospt.
8. STATE OF BIRTH (If not in U.S.A., name country): Oklahoma
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Bertha Henrietta Thurman
12. SOCIAL SECURITY NUMBER: 543-10-1431
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Car Inspector
13b. KIND OF BUSINESS OR INDUSTRY: S.P. Railroad

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.: 329 Iowa St.
15. FATHER—NAME first middle last: John Thurman
16. MOTHER—Maiden Name first middle last: Alice Morning Wise
17. INFORMANT—NAME and relationship to deceased: Bertha Henrietta Thurman, Wife

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. Immediate cause (a): Myocardial ischemia — years
due to, or as a consequence of (b): atherosclerosis
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
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): Diabetes mellitus
19a. AUTOPSY (yes or no): NO
19b. IF YES were findings considered in determining cause of death

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

CERTIFIER

ME

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: Sept. 3, 1968 to July 17, 1975
And Last Saw Him/Her Alive on: 7/12/74
I ☐/Did Not view the body after death (specify)
DEATH OCCURRED (hour): 3:45 P.M.
at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Wm Bartlett MD
22b. NAME (type or print): William A. Bartlett — degree or Title: M.D.
22c. DATE SIGNED (month, day, year): July 21, 1975
23. MAILING ADDRESS—PHYSICIAN: street: 2860 Daggett St.; 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. Gard
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (mo., day, year): 7-21-75
25a. FUNERAL DIRECTOR—SIGNATURE: Miles Olsen
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Chisman
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUL 21 1975
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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

VELDON C. BOGE, M.D., Registrar Vital Statistics
By Marian Chisman, Deputy Registrar
Date JUL 23 1975

VOID IF ALTERED

RECEIVED JUL 24 1975

STATE OF OREGON: COUNTY OF KLAMATH: ss.
BERTHA THURMAN
Filed for record at request of
this 24th day of JULY A.D., 19 75 at 2:30 o'clock P M., and duly recorded in
Vol. M 75 of DEEDS on Page 8408
FEE $ 3.00
WM. D. MILNE, County Clerk
By Marian Chisman Deputy
Bertha Thurman
329 Iowa St.