3646

STATE OF OREGON – HEALTH DIVISION
Vital Statistics Section

Vol. 75 Page 9291

214
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED–NAME (First, Middle, Last): MARGARET HELEN LAVIN
2. DATE OF DEATH (month, day, year): June 23, 1975
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE–Last birthday (years): 82
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): February 5, 1893
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): Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): South Dakota
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Drummond W. Lavin
12. SOCIAL SECURITY NUMBER: 503-09-6512
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: At home
14a. RESIDENCE–STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 5531 South Sixth Street
15. FATHER–NAME (first middle last): Jim -- Finley
16. MOTHER–Maiden Name (first middle last): Christina -- Bayer
17. INFORMANT–NAME and relationship to deceased: Jerry Lavin (Son)

usual residence here deceased red. If death curred in institution, give sidence before mission.

CAUSE

PART I. DEATH WAS CAUSE BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)
18. Immediate cause (a): [illegible]
due to, or as a consequence of:
Conditions, if any, which give rise to immediate cause (a), stating the underlying cause last
(b):
due to, or as a consequence of:
(c):
approximate interval between onset and death: 24 hrs

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): [illegible]
AUTOPSY (yes or no): 19a.
IF YES were findings considered in determining cause of death: 19b.
ACCIDENT (specify yes or no): 20a.
DATE OF INJURY (month, day, year): 20b.
HOUR: 20c. M.
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

CERTIFICATION–PHYSICIAN: I attended the deceased from: 21. 6-13-75 (month day year) to 6-23-75 (month day year)
And Last Saw Him/Her Alive on: 6-23-75
I Did/Did Not view the body after death (specify): [illegible]
DEATH OCCURRED (hour): 9:10 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN–SIGNATURE: [illegible] M.D.
22b. NAME (type or print) degree or Title: William B. Holford, Jr., M.D.
22c. DATE SIGNED (month, day, year): 6-23-75
23. MAILING ADDRESS–PHYSICIAN (street, city or town, state, zip): 4036 South 6th. Street, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial-Removal
24b. CEMETERY OR CREMATORY–NAME: St. Joseph's Cemetery
24c. LOCATION (city or town, state): Roseburg, Oregon
24d. DATE (mo., day, year): June 26,1975
25a. FUNERAL DIRECTOR–SIGNATURE: [illegible]
25b. FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26a. REGISTRAR–SIGNATURE: Maurine Chapman
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUN 24 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 of death on file with the Klamath County Department of Health.

VELDON C. BOGE, M.D., Registrar Vital Statistics
By Maurine Chapman Deputy Registrar
Date JUN 25 1975 19
VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.
TRANS. & RATES
Filed for record at request of
this 8th day of AUGUST A. D., 19 75 at 2:40 o'clock P M., and duly recorded in
Vol. M 75 of DEEDS on Page 9291
FEE $ 3.00
WM. D. MILNE, County Clerk
By Deputy

Ret. Funeral Home
325 Main
K F

RECEIVED AUG 6 1975
2:40 pm