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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'75-002257

73
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME (1. First) RAY	(Middle) DELBERT	(Last) PIERCE			DATE OF DEATH (month, day, year) 2. February 27, 1975	
RACE White, Negro, American Indian, etc. (specify) 3. White	SEX 4. Male	AGE—Last birthday (years) 5a. 82	Under 1 year: mos. 5b.	Under 1 day: hours 5c.	DATE OF BIRTH (month, day, year) 6. July 26, 1892	
COUNTY OF DEATH 7a. Klamath	CITY, TOWN, OR LOCATION OF DEATH 7b. Klamath Falls		Inside City Limits (specify yes or no) 7c. Yes		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7d. Washburn Manor	
STATE OF BIRTH (If not in U.S.A., name country) 8. Washington	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Married			NAME OF SPOUSE 11. Gladys Ruth Pierce	
SOCIAL SECURITY NUMBER 12. 544-05-5866	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. Painting Contractor Retired				KIND OF BUSINESS OR INDUSTRY 13b. Self	
RESIDENCE—STATE 14a. Oregon	COUNTY 14b. Klamath	CITY, TOWN, OR LOCATION 14c. Klamath Falls	Inside City Limits (specify yes or no) 14d. Yes		STREET AND NUMBER OR R.F.D. 14e. 2220 Laurel	
FATHER—NAME first middle last 15. Frank — Pierce	MOTHER—Maiden Name first middle last 16. Rose — Brooks				INFORMANT—NAME and relationship to deceased 17. Kenneth W. Pierce (Son)	

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)	Cerebral Vascular Sclerosis	years
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of: (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): Recent C.V.A.

AUTOPSY (yes or no) 19a. No — 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.	

CERTIFICATION—PHYSICIAN: I attended the deceased from: 21.	month day year: Jan 15 51	to month day year: Feb 27 '75	And Last Saw Him/Her Alive on: month day year: Feb 26 '75	~~Died~~/Did Not View the body after death (specify)	DEATH OCCURRED (hour) 10:15 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE 22a. Raymond Tice M.D.	NAME (type or print) degree or Title 22b. Raymond Tice, M.D.		DATE SIGNED (month, day, year) 22c. 2-28-75
MAILING ADDRESS—PHYSICIAN (street) (city or town) (state) (zip) 23.	Medical Dental Building, Klamath Falls, Oregon 97601		
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Eternal Hills	LOCATION city or town state 24c. Klamath Falls, Oregon	DATE (mo., day, year) 24d. 3-3-75
FUNERAL DIRECTOR—SIGNATURE 25a.	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601		
REGISTRAR—SIGNATURE 26a. Marian J. Sherman	DATE RECEIVED BY LOCAL REGISTRAR 26b. FEB 28 1975	DATE RECEIVED BY STATE REGISTRAR 27. MAR 5 1975	
RESERVED FOR REGISTRAR'S USE 28.			

VS-2 R-69

'75 SEP 29 PM 2 55

STATE OF OREGON
County of Multnomah ss.

DATE ISSUED September 25 1975

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

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Wm. P. Brandsness

this 29th day of September A. D., 1975 at 2:55 o'clock P.M., and duly recorded in Vol. M75, of Deeds on Page 11822

Ret: Wm Brandsness
411 Main

Fee $3.00

WM. D. MILNE, County Clerk
By Evelyn Beck Deputy