

168
Local File Number

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section
CERTIFICATE OF DEATH

12535
State File Number

DECEASED—NAME Kildred Grace Plumb		SEX Female		AGE—Last birthday (month, day, year) 68		DATE OF BIRTH (month, day, year) May 6, 1902	
RACE (White, Negro, American Indian, etc. (specify)) White		CITY, TOWN, OR LOCATION OF BIRTH Klamath		COUNTY Bonanza		STATE OF BIRTH Oregon	
CITY, TOWN, OR LOCATION OF DEATH Klamath		COUNTY Bonanza		STATE OF DEATH Oregon		DATE OF DEATH (month, day, year) May 27, 1972	
MARRIAGE STATUS Married		NAME OF DECEASED'S SPOUSE O'Donald Plumb		DATE OF MARRIAGE (month, day, year) St. 71 Mar 308		PLACE OF MARRIAGE St. 71 Mar 308	
SOCIAL SECURITY NUMBER 531-22-6382		U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Housewife		OCCUPATION (Specify if not a housewife, etc.) Housewife		DATE OF DEATH (month, day, year) May 27, 1972	
FATHER'S NAME Unknown		MOTHER'S NAME Unknown		DATE OF BIRTH (month, day, year) May 27, 1972		PLACE OF BIRTH O'Donald Plumb: Residence	

PART I: DEATH WAS CAUSED BY: **Coronary atherosclerosis**
INTERESTING CAUSE CAUSES PER LINE FOR (a), (b), and (c)
Coronary atherosclerosis
Due to, or as a consequence of:
Chronic failure 1 year

PART II: OTHER SIGNIFICANT CONTRIBUTING CAUSES (handwritten contributing to death but not related to cause given in Part I (a))
Chronic failure 1 year

ACCIDENT (Specify yes or no) **No** DATE OF INJURY (month, day, year) **11/4/71** HOUR **11:45** HOW INJURY OCCURRED (specify nature of injury in part I or part II, item 1b)
Slip

TOUCHED AT WORK (Specify yes or no) **No** PLACE OF INJURY (home, farm, street, factory, etc. (specify)) **Home** LOCATION (street or R.F.D. No., city or town, county, state)
1905 Main St., Klamath Falls, Oregon 97601

CERTIFICATION—month, day, year **11/4/72** And Last Saw (month, day, year) **11/4/72** I Do/Did Not view the body (specify if not)
Physician **Yes** **No** DEATH OCCURRED (month, day, year) **May 27, 1972** TIME OF DEATH (month, day, year) **7:45 AM**

PHYSICIAN'S SIGNATURE **Dr. Ivan Thompson** MD **MD** DATE SIGNED (month, day, year) **May 27, 1972**

MARRIAGE ADDRESS—PHYSICIAN **1905 Main St., Klamath Falls, Oregon 97601**

BURIAL, CREMATION, REMOVAL (Specify yes or no) **Yes** CEMETERY OR CREMATORIUM NAME **Ashland Crematorium** LOCATION (city or town, county, state) **Ashland, Oregon** DATE (month, day, year) **May 7, 1972**

FUNERAL DIRECTOR'S SIGNATURE **W. H. Hair** FURNERAL HOME NAME AND ADDRESS (street, city or town, state, zip) **Hair's Funeral Chapel, 515 Pine, Klamath Falls, Oregon 97601**

REGISTRAR'S SIGNATURE **W. H. Hair** DATE RECEIVED BY LOCAL REGISTRAR **MAY 8 1972** DATE RECEIVED BY MAIN REGISTRAR **MAY 22 1972**

RESERVED FOR REGISTRAR'S USE

DATE ISSUED Oct. 7 1975

STATE OF OREGON, COUNTY OF MULTNOMAH)SS
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL RECORD 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

Klamath Co. Title

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of KLAMATH COUNTY TITLE CO

this 9th day of OCTOBER A. D., 1975 at 3:47 o'clock P. M., and duly recorded in

Vol. M 75 of DEEDS on Page 12535.

FEE \$ 3.00

By WM. D. MILNE, County Clerk
Vazir Unazal Deputy