

6246

STATE OF OREGON - STATE HEALTH DIVISION

OCT 17 AM 11 15

Vol. 75 Page 12937

Vital Statistics Section

DECEASED		Local File Number		State File Number	
1. DECEASED - NAME		First Middle Last		DATE OF DEATH (month, day, year)	
Catoline		0.		2 September 7, 1975	
2. RACE (Specify)		SEX		AGE - last birthday (years)	
White		Female		86	
3. COUNTY OF DEATH		4. CITY, TOWN, OR LOCATION OF DEATH		5. Under 1 year	
Klamath		Klamath Falls		mos. days hours min.	
6. STATE OF BIRTH (if not in U.S.A., name of country)		7. CITIZEN OF WHAT COUNTRY		8. HOSPITAL OR OTHER INSTITUTION - NAME	
Sweden		U.S.A.		St. Andrew's	
9. SOCIAL SECURITY NUMBER		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. NAME OF SPOUSE	
541-28-8119		Married		Andrew Bloom	
12. RESIDENCE - STATE		13. CITY, TOWN, OR LOCATION		14. STREET AND NUMBER OR RFD	
Oregon		Klamath		711 N. 1st St.	
15. FATHER - NAME first middle last		16. MOTHER - Maiden Name first middle last		17. INFORMANT - Name and relationship to deceased	
Olson		-		Andrew Bloom, Husband	
18. DEATH CAUSED BY:		19. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		20. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause		Occlusive coronary arteriosclerosis		years	
21. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last		(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)		19a. YES		19b. NO	
DATE OF INJURY (month, day, year)		20a. HOUR		20b. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)	
20c. PLACE OF INJURY (Specify factory, farm, street, etc. Specify)		20d. LOCATION		(street or R.F.D. No., city or town, county, state)	
21. MEDICAL INVESTIGATION		22. DATE OF DEATH (month, day, year)		23. DATE RECEIVED BY LOCAL REGISTRAR	
24. CERTIFICATE - MEDICAL INVESTIGATION		25. DATE OF DEATH (month, day, year)		26. DATE RECEIVED BY STATE REGISTRAR	
27. CERTIFICATE - SIGNATURE		28. DATE SIGNED (month, day, year)		29. M.D.	
29. MEDICAL INVESTIGATOR		30. COUNTY		31. DATE SIGNED (month, day, year)	
Klamath		October 9, 1975		M.D.	
32. BURIAL, CREMATION, REMOVAL		33. CEMETERY OR CREMATORY - NAME		34. LOCATION	
Burial		Zwifts Memorial Hills Mem. Gard.		Klamath Falls, Oregon	
35. FUNERAL HOME - NAME AND ADDRESS (street, city or town, state, zip)		36. Obituary's		Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601	
37. REGISTRAR - SIGNATURE		38. DATE RECEIVED BY LOCAL REGISTRAR		39. DATE RECEIVED BY STATE REGISTRAR	
Veldon C. Roze		Oct. 9, 1975		Oct. 9, 1975	
39. RESERVED FOR REGISTRAR'S USE		40. RESERVED FOR REGISTRAR'S USE		41. RESERVED FOR REGISTRAR'S USE	

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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. ROZE, M.D., Registrar Vital Statistics

By Marianne Chapman, Deputy RegistrarDate OCT 17 1975Return to: Andrew Bloom
711 N. 1st St. City

STATE OF OREGON, COUNTY OF KLAMATH: ss.

Filed for record at request of ANDREW BLOOMthis 17th day of OCTOBER A.D., 1975 at 11:15 o'clock A.M., and duly recorded inVol. M 75 of DEEDS on Page 12937

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Hazel Drasel Deputy

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