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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

170
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME (First, Middle, Last): Ruth W. Colahan
2. DATE OF DEATH (month, day, year): May 18, 1975
3. RACE (White, Negro, American Indian, etc.) (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 64
5b. Under 1 year (mos. / days):
5c. Under 1 day (hours / min.):
6. DATE OF BIRTH (month, day, year): May 23, 1910
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): Washburn Manor
8. STATE OF BIRTH (If not in U.S.A., name country): Montana
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Clanton Colahan
12. SOCIAL SECURITY NUMBER:
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker
13b. KIND OF BUSINESS OR INDUSTRY: --

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Curry
14c. CITY, TOWN, OR LOCATION: Ophir
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: P.O. Box 85
15. FATHER—NAME (first, middle, last): Wesley Parent
16. MOTHER—Maiden Name (first, middle, last): Maude Lambert
17. INFORMANT—NAME and relationship to deceased: Clanton Colahan, Husband

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

	Cause	Approximate interval between onset and death
(a) immediate cause	Heart Failure	1 week
(b) due to, or as a consequence of:	[illegible] Carcinoma [illegible]	6 months
(c) due to, or as a consequence of:		

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death:

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

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from 3 12 72 to May 18, 1975. And Last Saw Him/Her Alive on: 5 9 75. I Did/Did Not view the body after death (specify): Did not. DEATH OCCURRED (hour): 12:30 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: [signature]
22b. NAME (type or print): Charles D. Bury
degree or title: M.D.
22c. DATE SIGNED (month, day, year): 5/19/75

ME

23. MAILING ADDRESS—PHYSICIAN: 2850 Daggett St., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): 5-20-75
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 9760
26a. REGISTRAR—SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: [illegible] 9 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

(SEAL)

By [signature], Deputy Registrar
Date MAY 20 1975 19

Ret. Clanton Colahan
PO Box 85
Ophir, Oreg. 97464

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of CLANTON COLAHAN

this 17th day of NOVEMBER A. D., 1975 at 1:58 o'clock P M., and duly recorded in

Vol. M 75, of DEEDS on Page 14456

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $ 3.00

3057 Anderson
City