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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

339
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

Field	Entry
1. Deceased—Name (First, Middle, Last)	ALFRED J. THOMPSON
2. Date of Death (month, day, year)	October 6, 1975
3. Race (White, Negro, American Indian, etc.) (specify)	White
4. Sex	Male
5a. Age—Last birthday (years)	86
5b. Under 1 year (mos., days)	
5c. Under 1 day (hours, min.)	
6. Date of Birth (month, day, year)	April 6, 1889
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)	2316 Main St.
8. State of Birth (if not in U.S.A., name country)	Oregon
9. Citizen of What Country	USA
10. Married, Never Married, Widowed, Divorced (specify)	Married
11. Name of Spouse	Elsa Thompson
12. Social Security Number	5[illegible] - 09 - 2051
13a. Usual Occupation (give kind of work done during most of working life, even if retired)	Wholesale Grocer
13b. Kind of Business or Industry	Grocery
14a. Residence—State	Oregon
14b. County	Klamath
14c. City, Town, or Location	Klamath Falls
14d. Inside City Limits (specify yes or no)	Yes
14e. Street and Number or R.F.D.	2316 Main St.
15. Father—Name (first, middle, last)	N/R
16. Mother—Maiden Name (first, middle, last)	N/R
17. Informant—Name and relationship to deceased	Elsa Thompson - Wife

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

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	Acute myocardial infarction	10 min
(b) Due to, or as a consequence of:	OHD ASHD RBBB I	3 yrs
(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): 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 June 18, 1973 to October 6, 1975 and last saw him/her alive on Sept. 30, 1975. I did/did not view the body after death (specify): did not. Death occurred (hour) 6:50 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. Physician—Signature: [signature] MD
22b. Name (type or print): Blake Berven M.D.
22c. Date Signed (month, day, year): October 6, 1975
23. Mailing Address—Physician: Medical Dental Building, Klamath Falls, Oregon 97601

ME

BURIAL

24a. Burial, Cremation, Removal, Maus. (specify): Burial
24b. Cemetery or Crematory—Name: Klamath Memorial Park
24c. Location: Klamath Falls, Oregon
24d. Date (mo., day, year): Oct. 8, 1975
25a. Funeral Director—Signature: [signature]
25b. Funeral Home—Name and Address: WARD'S KLAMATH FUNERAL HOME, INC. - Box 217 - Klamath Falls, Oregon 97601
26a. Registrar—Signature: [signature]
26b. Date Received by Local Registrar:
27. Date Received by State Registrar:
28. Reserved for Registrar's Use

Ret. Elsa Thompson
2316 Main St.
City

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.

(SEAL)

VELDON C. BOGE, M.D., Registrar Vital Statistics

By [signature], Deputy Registrar
Date OCT 8 1975 19

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of ELSA THOMPSON

this 11th day of December A.D., 1975 at 2;08 o'clock P M., and duly recorded in

Vol. M 75, of DEEDS on Page 15623

FEE $ 3.00

WM. D. MILNE, County Clerk

By [signature] Deputy