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STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

337

Local File Number

State File Number

Vol. 15623

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DECEASED

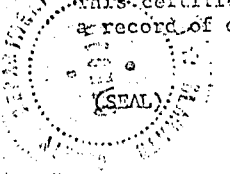
Usual residence where decedent resided prior to death. If decedent was a transient, give residence before death.

1. RACE	2. SEX	3. AGE	4. DATE OF BIRTH	5. DATE OF DEATH
White	Male	86	October 6, 1915	October 6, 1975
6. COUNTY OF DEATH	7. CITY, TOWN, OR LOCATION OF DEATH	8. MARITAL STATUS	9. DATE OF MARRIAGE	10. DATE OF DEATH
Klamath	Klamath Falls	Married, never married	April 6, 1939	October 6, 1975
11. SOCIAL SECURITY NUMBER	12. CITIZEN OF WHAT COUNTRY	13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify year or no)	14. HOSPITAL OR OTHER INSTITUTION-NAME (If not in chief, give street and number)	15. NAME OF SPOUSE
09-020	USA	Married	2316 Main St.	Flora Thompson
16. RESIDENCE-STATE	17. CITY, TOWN, OR LOCATION	18. STREET AND NUMBER OR R.F.D.	19. DECEASED-NAME	20. FIRST MIDDLE LAST
Oregon	Klamath Falls	2316 Main St.	Flora Thompson	Flora Thompson
21. FATHER-NAME	22. MOTHER-NAME	23. FIRST MIDDLE LAST	24. DECEASED-NAME	25. FIRST MIDDLE LAST
N/R	N/R	N/R	Flora Thompson	Flora Thompson

CAUSE

1. ACCIDENT	2. DATE OF INJURY	3. HOUR	4. HOW INJURY OCCURRED	5. AUTOPSY
Yes	June 18, 1973	10:00	Heart failure	Yes
6. PLACE OF INJURY	7. LOCATION	8. CITY OR TOWN, COUNTY, STATE	9. DATE OF DEATH	10. TIME OF DEATH
Home	2316 Main St.	Klamath Falls, Oregon	October 6, 1975	6:50 A.M.
11. PHYSICIAN	12. DATE OF DEATH	13. TIME OF DEATH	14. PLACE OF DEATH	15. CITY OR TOWN, COUNTY, STATE
Dr. J. L. Milne	June 18, 1973	10:00	Home	Klamath Falls, Oregon
16. PHYSICIAN'S SIGNATURE	17. NAME (Type or print)	18. DEGREE OR TITLE	19. DATE SIGNED	20. CITY OR TOWN, COUNTY, STATE
Dr. J. L. Milne	Blake Boyer	M.D.	October 6, 1975	Klamath Falls, Oregon
21. MARRIAGE ADDRESS	22. CITY OR TOWN	23. STATE	24. ZIP	25. DATE RECEIVED BY STATE REGISTRAR
Medical Dental Building	Klamath Falls	Oregon	97601	October 8, 1975
26. FUNERAL HOME-NAME AND ADDRESS	27. CITY OR TOWN, COUNTY, STATE	28. ZIP	29. DATE RECEIVED BY LOCAL REGISTRAR	30. DATE RECEIVED BY STATE REGISTRAR
Funeral Home	Klamath Falls, Oregon	97601	October 8, 1975	October 8, 1975
31. FUNERAL HOME-NAME AND ADDRESS	32. CITY OR TOWN, COUNTY, STATE	33. ZIP	34. DATE RECEIVED BY LOCAL REGISTRAR	35. DATE RECEIVED BY STATE REGISTRAR
Funeral Home	Klamath Falls, Oregon	97601	October 8, 1975	October 8, 1975

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.

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

By Marian Chapman, Deputy Registrar
Date OCT 8 1975

STATE OF OREGON, COUNTY OF KLAMATH; ss.

Filed for record at request of LSA 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 Flora Thompson Deputy