

9492

STATE OF OREGON - HEALTH DIVISION

Vol. 76 Page 1105

475-018951

## CERTIFICATE OF DEATH

Local File Number 305 State File Number

DECEASED-NAME First Middle Last FANNIE ROUP CHAPMAN

DATE OF DEATH (month, day, year) 2 September 8, 1975

DATE OF BIRTH (month, day, year) 6 June 26, 1891

RACE White, Negro, American Indian, etc. (specify) White

SEX Female

AGE-Last birthday (years) 84

CITY, TOWN, OR LOCATION OF DEATH Klamath Falls

CITY, TOWN, OR LOCATION (specify yes or no) Yes

HOSPITAL OR OTHER INSTITUTION-NAME (if not in either, give street and number) Washburn Manor

NAME OF SPOUSE

STATE OF BIRTH (if not in U.S.A., name country) North Carolina

CITIZEN OF WHAT COUNTRY USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed

USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Homemaker

KIND OF BUSINESS OR INDUSTRY Homemaking

SOCIAL SECURITY NUMBER 524 - 34 - 7803

RESIDENCE-STATE Oregon

COUNTY Klamath

CITY, TOWN, OR LOCATION Klamath Falls

STREET AND NUMBER OR R.F.D. 5155 Miller

FATHER-NAME first middle last Jackson Todd Roup

MOTHER-Maiden Name first middle last Nancy Jane Pugh

INFORMANT-NAME and relationship to deceased E. LaVern Smith - Daughter

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

(a) Immediate cause Pneumonia

(b) due to, or as a consequence of Generalized arteriosclerosis

(c) due to, or as a consequence of Diabetic Mellitus

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)

Bleeding from colon due to diverticular disease

ACCIDENT (specify yes or no)

DATE OF INJURY (month, day, year)

HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)

INJURY AT WORK (specify yes or no)

PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)

LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFICATION- PHYSICIAN: I attended the deceased from: 2/11/53 to 8/8/75 8/8/75

PHYSICIAN-SIGNATURE Raymond J. Tice M.D.

NAME (type or print) Raymond Tice

DEGREE or TITLE M.D.

DATE SIGNED (month, day, year) 8-9-75

MAILING ADDRESS-PHYSICIAN Medical - Dental Building Klamath Falls, Oregon 97601

BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial

CEMETERY OR CREMATORY-NAME Eternal Hills Mem. Gar.

LOCATION city or town Klamath Falls, Oregon

DATE (mo., day, year) 8/10/75

FUNERAL DIRECTOR-SIGNATURE James K. Clark

FUNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip) WARD'S KLAMATH FUNERAL HOME, INC. - Box 217 - Oregon 97601

DATE RECEIVED BY LOCAL REGISTRAR SEP 9 1975

DATE RECEIVED BY STATE REGISTRAR SEP 22 1975

RESERVED FOR REGISTRAR'S USE

VS-2 R-69

Ret. Daning & Son  
540 Main  
Only

DATE ISSUED January 13 1976

STATE OF OREGON, COUNTY OF MULTNOMAH)SS

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT 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.

STATE REGISTRAR

Muriel M. Math.

STATE OF OREGON, COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 22nd day of JANUARY A.D., 1976 at 4:41 o'clock P.M., and duly recorded in Vol. 76 of DEEDS on Page 1105.

WM. D. MILNE, County Clerk

By Hazel L. Hazle Deputy

FEE \$ 3.00