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STATE OF OREGON — HEALTH DIVISION 1976 FEB 10 PM 12 44
Vital Statistics Section

437
Local File Number

CERTIFICATE OF DEATH

Vol. M76 Page 1910

State File Number

DECEASED	
1. Deceased—Name (First, Middle, Last)	Kate - Hilyard
2. Date of Death (month, day, year)	December 25, 1975
3. Race (White, Negro, American Indian, etc.) (specify)	White
4. Sex	Female
5a. Age—Last birthday (years)	94
5b. Under 1 year (mos. / days)	
5c. Under 1 day (hours / min.)	
6. Date of Birth (month, day, year)	June 22, 1881
7a. County of Death	Klamath
7b. City, Town, or Location of Death	Klamath Falls
7c. Inside City Limits (specify yes or no)	No
7d. Hospital or Other Institution—Name (if not in either, give street and number)	Klamath Co. Nursing Home
8. State of Birth (if not in U.S.A., name country)	Kansas
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced (specify)	Widowed
11. Name of Spouse	-
12. Social Security Number	544-42-9618
13a. Usual Occupation (give kind of work done during most of working life, even if retired)	Homemake
13b. Kind of Business or Industry	-
14a. Residence—State	Oregon
14b. County	Klamath
14c. City, Town, or Location	Klamath Falls
14d. Inside City Limits (specify yes or no)	No
14e. Street and Number or R.F.D.	6510 Hilyard Ave.
15. Father—Name (first, middle, last)	Richardson
16. Mother—Maiden Name (first, middle, last)	-
17. Informant—Name and relationship to deceased	Gertrude Glodoski, Daughter

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	Generalized arteriosclerosis	7 years
(b) due to, or as a consequence of:		
(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): Senility

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: March 12, 1973 to Dec. 25, 1975. And last saw him/her alive on: 10/1/75. I did/did not view the body after death (specify):
Death occurred (hour): 6:00 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] MD
22b. Name (type or print): William A. Bartlett, M.D.
22c. Date Signed (month, day, year): December 29, 1975
23. Mailing Address—Physician: 2860 Daggett St., Klamath Falls, Oregon 97601

ME

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): 12-29-75
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. 97601
26a. Registrar—Signature: [signature]
26b. Date Received by Local Registrar: DEC 29 1975
27. Date Received by State Registrar:
28. Reserved for Registrar's Use
29.

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
By [signature], Deputy Registrar
Date DEC 29 1975 19
VOID IF ALTERED

(SEAL)

Ret: Ganong & Sisemore, 540 Main St, Klamath Falls, Ore. 97601

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 10th day of February A.D., 1976 at 12:44 o'clock P M., and duly recorded in Vol M76 of Deeds on Page 1910.

WM. D. MILNE, County Clerk
By [signature] Deputy

FEE $ 3.00