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'76 [illegible]

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

8009 01553
STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
HUGH	THOMAS	DAVIS	FEBRUARY 18, 1976	3:40 p M

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Male	Cauc.	West Virginia	March 28, 1895	80 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
James Alex Davis: Unknown	Lida Poteet: Unknown

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
USA	701-10-7740	Widowed	-

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Retired Engineer	44	Great Northern RailRoad	Rail Road

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Centre City Hospital	120 Elm Street	yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
San Diego	San Diego	6 mos. YEARS	6 mos. YEARS

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
6321 Juniper Way	Yes	Mrs. Carolyn Clement 6321 Juniper Way Klamath Falls, Oregon 97601

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Klamath Falls	Klamath	Oregon

21a. CORONER—I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, ON THE DATE, AND FROM THE CAUSES STATED ABOVE. (SIGNATURE AND DEGREE OR TITLE)	21b. PHYSICIAN: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM THE CAUSES STATED BELOW AND THAT DEATH OCCURRED AT THE HOUR, ON THE DATE, AND FROM THE CAUSES STATED ABOVE.	21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE	21d. DATE SIGNED
	FROM (ENTER MONTH, DAY, AND YEAR) 1/6/76 — TO (ENTER MONTH, DAY, AND YEAR) 2/18/76 — AND (SPECIFY YES OR NO) 2/18/76	[signature]	2-19-76

21e. ADDRESS	21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER
Dr. Ira Goldstein 2002 Pine St	C-18990

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER
Removal & Burial	2/20/1976	Eternal Hills Memorial Park Klamath Falls, Oregon	[signature] 4864

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR
Johnson-Saum & Knobel	No	Donald L. Remus, M.D.	FEB 10 1976

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A. B. AND C

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Respiratory Arrest	yrs
DUE TO, OR AS A CONSEQUENCE OF (B)	Pulmonary Emphysema	yrs
DUE TO, OR AS A CONSEQUENCE OF (C)		

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I	31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY)	32a. AUTOPSY (SPECIFY YES OR NO)	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
-	No	No	-

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR
				M

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19) MILES	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

A.	B.	C.	D.	E.	F.
[illegible]	[illegible]	[illegible]	-	[illegible] CA	

Ret: Doug Clement. 6321 Juniper Way City

Donald L. Remus, M.D.
Acting Director
COUNTY OF SAN DIEGO DEPARTMENT OF PUBLIC HEALTH
1600 Pacific Hwy., San Diego, Ca. 92101

This is to Certify that, if bearing the Official Seal of the County of San Diego Department of Public Health, this is a true and correct copy of the original document filed.

FEE PAID: $2.00
DATED FEB 23 1976

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 MARCH A.D., 19 76 at 2;43 o'clock P M., and duly recorded in Vol M 76, of DEEDS on Page 3395.

FEE $ 3.00

WM. D. MILNE, County Clerk
By Hazel Dragie Deputy