

Local File Number
30

CERTIFICATE OF DEATH

State of Oregon
Vital Statistics Section
372 Health Division 8 47
3440

DECEASED		Morticia		J. Colvin		DATE OF DEATH (month, day, year) January 21, 1976	
RACE AND SEX White Female		AGE (last birthday) 50		DATE OF BIRTH (month, day, year) July 2, 1925			
COUNTY OF DEATH Klamath		CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (if in either, give street and number) P.O. Box 515, Intermountain Hosp.			
STATE OF BIRTH Neb. 13		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Never married			
SOCIAL SECURITY NUMBER 5-40-26-3205		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Homemaker		KIND OF BUSINESS OR INDUSTRY None			
RESIDENCE—STATE Oregon		CITY, TOWN, OR LOCATION Klamath Falls		STREET AND NUMBER OR R.F.D. 5008 Wadston St.			
FATHER NAME Morticia P. Bowden		MOTHER NAME Morticia Weid		INFORMANT NAME and relationship to deceased Murray Colvin, Husband			
PART I DEATH CAUSED BY Cerebral stroke		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c) 1. Cerebral stroke 2. Hypertension 3. Atherosclerosis		APPROXIMATE INTERVAL between onset and death 10 days			
PART II OTHER SIGNIFICANT CONDITIONS (and those contributing to death but not related to cause given in Part I) None							
AUTOPSY Yes or No No							
ACIDENT DATE OF INJURY None		HOUR None		HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) None			
INJURY AT WORK None		PLACE OF INJURY (at home, farm, street, factory, etc.) None		LOCATION (street or R.F.D. No., city or town, county, state) None			
CERTIFICATION— DATE January 21, 1976		MONTH January		DAY 21		YEAR 1976	
PHYSICIAN SIGNATURE M.D.		NAME (type or print) Blake Bowen		DEGREE or Title M.D.		DATE SIGNED (month, day, year) January 23, 1976	
MAILING ADDRESS—PHYSICIAN Medical Devel. Bld.		CITY OF TOWN Klamath Falls, Oregon		STATE Oregon		ZIP 97601	
BURIAL FURNAL CEMETERY, REMOVAL, MAUS Eternal Hills Mem. Gchd.		CITY OF TOWN Klamath Falls, Oregon		STATE Oregon		DATE (month, day, year) 1-26-76	
FURNAL DIRECTOR SIGNATURE O'Hall's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601		CITY OF TOWN Klamath Falls, Oregon		STATE Oregon		DATE (month, day, year) 1-26-76	
REGISTRAR SIGNATURE JAN 23 1976		DATE RECEIVED BY LOCAL REGISTRAR JAN 23 1976		DATE RECEIVED BY STATE REGISTRAR JAN 23 1976			

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 William L. Sisemore, Deputy Registrar

Date JAN 23 1976

VOID IF ALTERED

Return to: William L. Sisemore
Attorney at Law
540 Main
Klamath Falls, Oregon 97601

FILED FOR RECORD AT REQUEST OF
MORTICIA TITIE CO

on this 11th day of March A.D. 1976
8:47 A.M. and City
Recorded in Vol. M 76 of DEEDS
page 3440

Wm. D. MILNE, County Clerk
By Hazel Drazic Deputy