

11896  
420  
CERTIFICATE OF DEATH  
76 JUN 20 1972  
4398

DECEASED NAME: **DR. MARSH** MIDDLE: **MARSH** LAST: **MARSH** DATE OF DEATH (month, day, year): **June 16, 1972**

RACE: **White** SEX: **Male** AGE (last birthday, years): **79** DATE OF BIRTH (month, day, year): **April 18, 1893**

COUNTY OF DEATH: **Klamath** CITY, TOWN, OR LOCATION OF DEATH: **Bonanza** CITIZEN OF WHAT COUNTRY: **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): **Married**

STATE OF BIRTH: **Klamath** PLACE OF BIRTH: **South Dakota** SOCIAL SECURITY NUMBER: **5-0-16-8829** RESIDENCE-STATE: **Oregon** CITY, TOWN, OR LOCATION: **Bonanza** STREET AND NUMBER OR R.F.D.: **2nd & Main Streets**

FATHER NAME: **William - Marsh** MOTHER NAME: **Catherine - Unknown** INFORMANT NAME and relationship to deceased: **Myrtle W. Marsh (Wife)**

PART I: DEATH WAS CAUSED BY: **Cancer of Lung** ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c): **1880**

PART II: OTHER SIGNIFICANT CONDITIONS (conditions contributing to death but not related to cause given in Part I):

ACCIDENT: ☐ DATE OF INJURY: ☐ HOUR: ☐ HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): ☐

INJURY AT WORK: ☐ PLACE OF INJURY (home, farm, street, factory, etc.): ☐ LOCATION (street or R.F.D. No., city or town, county, state): ☐

CERTIFICATION: month, day, year: **June 11, 1972** NAME (type of print): **Raymond Tice, M.D.** DEATH OCCURRED: **12:30 P.M.** at the place, on the body, or in the home (specify): **at the place, on the body, or in the home (specify):**

PHYSICIAN SIGNATURE: **Raymond Tice, M.D.** NAME (type of print): **Raymond Tice, M.D.** DEATH SIGNED (month, day, year): **June 17, 1972**

MAILED ADDRESS: PHYSICIAN: **Medical Dental Building, Klamath Falls, Oregon 97601**

BURIAL: **Bonanza, Oregon** CEMETERY OR CREMATORY NAME: **Lost River Cemetery** LOCATION: **city or town** STATE: **Oregon** DATE (month, day, year): **June 19, 1972**

FUNERAL DIRECTOR: **Funeral Home, Box 217, Klamath Falls, Ore. 97601** DATE RECEIVED BY LOCAL REGISTRAR: **JUN 19 1972** DATE RECEIVED BY STATE REGISTRAR: **JUN 19 1972**

RESERVED FOR REGISTRAR'S USE:

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.

MARJORIE COMER, Registrar Vital Statistics

By William Marsh, Deputy Registrar  
Date JUN 21 1972 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 29th day of June, A.D., 19 76 at 3:04 o'clock P.M., and duly recorded in Vol. 76 of 76 on Page 76.

FEE \$ 3.00

WM. D. MILNE, County Clerk  
By W. D. Milne Deputy