

Return - USNIBO
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38-10712

STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

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008837

Local File Number		State File Number	
38-10712		008837	
CERTIFICATE OF DEATH			
DECEASED - NAME (First, Middle, Last)		DATE OF DEATH (month, day, year)	
FRANK VICTORIN		June 16, 1974	
RACE (White, Negro, American Indian, etc. (specify))		SEX (Male, Female)	
White		Male	
AGE - last birthday (years)		Under 1 year	
74		Under 1 day	
DATE OF BIRTH (month, day, year)		DATE OF BIRTH (month, day, year)	
July 16, 1899		July 16, 1899	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number)	
Jefferson		Residence	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number)	
Madras		Residence	
CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
U.S.A.		Married	
NAME OF SPOUSE		NAME OF SPOUSE	
Mary Kotera Victorin		Mary Kotera Victorin	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	
541-32-5319		Farmer	
KIND OF BUSINESS OR INDUSTRY		KIND OF BUSINESS OR INDUSTRY	
Agriculture		Agriculture	
REMARKS - STATE		CITY, TOWN, OR LOCATION	
Oregon		Jefferson	
CITY, TOWN, OR LOCATION		CITY, TOWN, OR LOCATION	
Madras		Madras	
STREET AND NUMBER OR R.F.D.		STREET AND NUMBER OR R.F.D.	
370 E. St. Space 8		370 E. St. Space 8	
FATHER - NAME (first, middle, last)		MOTHER - Maiden Name (first, middle, last)	
Josef Victorin		Alzheta Novak	
HUSBAND - NAME and relationship to deceased		HUSBAND - NAME and relationship to deceased	
Mary Victorin - Wife		Mary Victorin - Wife	
PART I - CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			
(a) <u>Blas carcinoma Prostate</u>			
(b) <u>None</u>			
(c) <u>None</u>			
PART II - OTHER SIGNIFICANT CONDITIONS contributing to death but not related to cause given in Part I (a)			
<u>None</u>			
AUTOPSY (yes or no)			
NO			
IF YES, were findings considered in determining cause of death			
NO			
HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)			
None			
CERTIFICATION - PHYSICIAN (month, day, year)			
June 16, 1974			
And Last Seen (month, day, year)			
June 11, 1974			
DEATH OCCURRED (month, day, year)			
June 16, 1974			
AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED			
None			
PHYSICIAN - SIGNATURE			
George Waldmann, M.D.			
BUILDING ADDRESS - PHYSICIAN			
185 12th Street			
CITY, TOWN, OR LOCATION			
Madras			
STATE			
Oregon			
ZIP			
97741			
DATE (month, day, year)			
6-18-1974			
FURNAL HOME - NAME AND ADDRESS (street, city or town, state, zip)			
Madras Evergreen Chapel 345 D St. Madras, Oregon 97741			
DATE RECEIVED BY LOCAL REGISTRAR			
JUN 20 1974			
DATE RECEIVED BY STATE REGISTRAR			
JUL 2 1974			

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

STATE OF OREGON, COUNTY OF KLAMATH, ss.

STATE OF OREGON, COUNTY OF KLAMATH, ss.

I hereby certify that the within instrument was received and filed for record on the 3rd day of MAY, A.D., 19 76 at 10:15 o'clock A.M., and duly recorded in Vol. M 76 of DEEDS on Page 6471.

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Hazel Drazin Deputy