

13302

STATE OF OREGON - HEALTH DIVISION

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CERTIFICATE OF DEATH

PH 2 39

State File Number

DECEASED - NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
Ida		Miller		Crawford				May 4, 1975	
1. RACE		SEX		AGE - last birthday (years)		Under 1 year		Under 1 day	
American Indian		Female		79		mos. days		hours min.	
2. COUNTY OF DEATH		3. CITY, TOWN, OR LOCATION OF DEATH		4. INSIDE CITY LIMITS (specify yes or no)		5. HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number)		6. DATE OF BIRTH (month, day, year)	
Klamath		Klamath Falls		YES		Pres. Intercomm. Hospt.		October 27, 1895	
7. STATE OF BIRTH (if not in U.S., name country)		8. CITIZEN OF WHAT COUNTRY		9. U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		11. NAME OF SPOUSE	
California		U.S.A.		MARRIED				Made Crawford	
12. SOCIAL SECURITY NUMBER		13. HOME ADDRESS		14. KIND OF BUSINESS OR INDUSTRY		15. FATHER - NAME		16. MOTHER - Maiden Name	
541-22-3735 A		Homemaker				John H. Miller		Belle White	
17. RESIDENCE - STATE		18. CITY, TOWN, OR LOCATION		19. INSIDE CITY LIMITS (specify yes or no)		20. STREET AND NUMBER OR R.T.D.		21. INFORMATION - NAME and relationship to deceased	
Oregon		Chiloquin		NO		Star Rt., Box 9		Made Crawford, Husband	
15. John H. Miller		16. Belle White		17. Made Crawford		18. Husband		19. approximate interval between onset and death	
18. DEATH WAS CAUSED BY:		19. IMMEDIATE CAUSE		20. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)		21. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		22. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
C. V. A.						24 hrs.			
19. CONDITIONS, if any, which gave rise to immediate cause (a), due to, or as a consequence of:		20. CONDITIONS, if any, which gave rise to immediate cause (b), due to, or as a consequence of:		21. CONDITIONS, if any, which gave rise to immediate cause (c), due to, or as a consequence of:		22. CONDITIONS, if any, which gave rise to immediate cause (d), due to, or as a consequence of:		23. CONDITIONS, if any, which gave rise to immediate cause (e), due to, or as a consequence of:	
Generalized arteriosclerosis		Hypertension							
24. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to cause given in Part I (a), (b), and (c)		25. HOW INJURY OCCURRED (enter nature of injury in part I, or part II, item 18)		26. AUTOPSY (yes or no)		27. IF YES, was findings confirmed in determining cause of death		28. IF YES, was findings confirmed in determining cause of death	
				NO		YES		YES	
1. ACCIDENT (specify yes or no)		2. DATE OF INJURY (month, day, year)		3. HOUR		4. HOW INJURY OCCURRED (enter nature of injury in part I, or part II, item 18)		5. AUTOPSY (yes or no)	
								YES	
2. INJURY AT WORK (specify yes or no)		3. PLACE OF INJURY (home, farm, street, factory, office bldg., etc. (specify))		4. LOCATION (street or R.T.D. No., city or town, county, state)		5. HOW INJURY OCCURRED (enter nature of injury in part I, or part II, item 18)		6. AUTOPSY (yes or no)	
								YES	
3. CERTIFICATION - PHYSICIAN (specify yes or no)		4. MONTH		5. DAY		6. YEAR		7. AND LAST SAW HIM/HER ALIVE (month, day, year)	
		March 7, 1973		19		75		Did Not	
21. PHYSICIAN - SIGNATURE		22. NAME (type or print)		23. DEGREE OR TITLE		24. DATE SIGNED (month, day, year)		25. DATE OF DEATH (month, day, year)	
James F. Novak		M.D.				5/7/75		at the place, on the best of my knowledge, due to the cause(s) stated	
26. MAILING ADDRESS - PHYSICIAN		27. CITY OR TOWN		28. STATE		29. ZIP		30. DATE RECEIVED BY STATE REGISTRAR	
1905 Main St., Klamath Falls, Oregon		Klamath Falls, Oregon		Oregon		97601		MAY 7, 1975	
21. BUREAU, CREMATION, REMOVAL, MAUS (specify)		22. CEMETERY OR CREMATORY - NAME		23. LOCATION (city or town, state)		24. DATE RECEIVED BY LOCAL REGISTRAR		25. DATE RECEIVED BY STATE REGISTRAR	
Burial		Klamath Mem. Park		Klamath Falls, Oregon		May 7, 1975		May 7, 1975	
26. FUNERAL DIRECTOR - SIGNATURE		27. FUNERAL HOME - NAME AND ADDRESS (street, city or town, state, zip)		28. DATE RECEIVED BY LOCAL REGISTRAR		29. DATE RECEIVED BY STATE REGISTRAR		30. DATE RECEIVED BY STATE REGISTRAR	
Marian Chapman		O Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601		May 7, 1975		May 7, 1975		May 7, 1975	
29. REGISTRAR - SIGNATURE		30. DATE RECEIVED BY LOCAL REGISTRAR		31. DATE RECEIVED BY STATE REGISTRAR		32. DATE RECEIVED BY STATE REGISTRAR		33. DATE RECEIVED BY STATE REGISTRAR	
Marian Chapman		May 7, 1975		May 7, 1975		May 7, 1975		May 7, 1975	
34. REFERRED FOR REGISTRAR'S USE		35. REFERRED FOR REGISTRAR'S USE		36. REFERRED FOR REGISTRAR'S USE		37. REFERRED FOR REGISTRAR'S USE		38. REFERRED 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.

VELDON C. BOGE, M.D., Registrar Vital Statistics

By Marian Chapman Deputy RegistrarDate MAY 12 1975

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., 1976 at 2:39 o'clock P M., and duly recorded in Vol. M 76, of DEEDS on Page 6530.

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Hazel L. Maguire Deputy