14351 STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

180
Local File Number

CERTIFICATE OF DEATH

01. M76 Page 7951
State File Number

DECEASED

1. DECEASED—NAME First: THELMA Middle: ELIZABETH Last: WHITLATCH
2. DATE OF DEATH (month, day, year): May 19, 1976
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 85
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): January 21, 1891
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Washburn Manor
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: –
12. SOCIAL SECURITY NUMBER: 540-40-2194
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: At home

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 1101 Mitchell

15. FATHER—NAME first middle last: Thomas – Sprenger
16. MOTHER—Maiden Name first middle last: Elizabeth Jane May
17. INFORMANT—NAME and relationship to deceased: Paul Whitlatch (Son)

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. immediate cause (a) Cardiac and Respiratory Arrest — approximate interval between onset and death: 3-5 MINUTES
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b) Cerebrovascular accident — 5 WEEKS
due to, or as a consequence of:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)
AUTOPSY (yes or no): 19a. NO
IF YES were findings considered in determining cause of death: 19b.

ACCIDENT (specify yes or no): 20a.
DATE OF INJURY (month, day, year): 20b.
HOUR: 20c. M.
HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): 20d.
INJURY AT WORK (specify yes or no): 20e.
PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): 20f.
LOCATION (street or R.F.D. No., city or town, county, state): 20g.

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: 21. 9/16/75 (month day year) to 5/19/75 (month day year)
And Last Saw Him/Her Alive on: 4/30/76
I Did/Did Not view the body after death (specify): DID NOT
DEATH OCCURRED (hour): 6:30 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

ME

22a. PHYSICIAN—SIGNATURE: Glenn G. Gailis M.D.
22b. NAME (type or print) degree or Title: Glenn C. Gailis, M.D.
22c. DATE SIGNED (month, day, year): 5/19/76
23. MAILING ADDRESS—PHYSICIAN street city or town state zip: 1905 Main Street, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
24c. LOCATION city or town state: Klamath Falls, Oregon
24d. DATE (mo., day, year): May 24, 1976
25a. FUNERAL DIRECTOR—SIGNATURE
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marvin Scherman
26b. DATE RECEIVED BY LOCAL REGISTRAR: MAY 19 1976
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

'76 MAY 28 AM 10 37

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 Marvin Scherman, Deputy Registrar
Date MAY 20 1976 19
VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 28th day of May A.D., 19 76 at 10:37 o'clock A. M., and duly recorded in Vol M76 of Deeds on Page 7951.

WM. D. MILNE, County Clerk
By Jeanette Butler Deputy

FEE $2.00