

14351 STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

Local File Number 180 CERTIFICATE OF DEATH O. 276 Page 7951

DECEASED

1. NAME: THIELLA ELIZABETH WHITLATCH
2. SEX: Female
3. AGE: 85
4. DATE OF BIRTH: May 19, 1976
5. DATE OF DEATH: January 21, 1891
6. HOSPITAL OR OTHER INSTITUTION: WASHO UTI HATOT
7. NAME OF SPOUSE: WASHO UTI HATOT
8. SOCIAL SECURITY NUMBER: 510-10-2191
9. USUAL OCCUPATION: HOUSEWIFE
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): WIDOWED
11. KIND OF BUSINESS OR INDUSTRY: At home
12. RESIDENCE-STATE: Oregon
13. CITY, TOWN, OR LOCATION: Klamath Falls
14. STREET AND NUMBER OR R.F.D.: 1101 Mitchell
15. FATHER-NAME: Thomas - Sprenger
16. MOTHER-NAME: Elizabeth Jane May
17. INFORMANT-NAME and relationship to deceased: Paul Whittlatch (Son)
18. DEATH WAS CAUSED BY: Immediate cause: Carbine and Shotgun Wound
19. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c):
(a) Carbine and Shotgun Wound
(b) Carbine and Shotgun Wound
(c) Carbine and Shotgun Wound
20. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3-5 minutes
21. CAUSE: Carbine and Shotgun Wound
22. WEAPONS: Carbine and Shotgun Wound

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

23. ACCIDENT (specify yes or no): YES
24. INJURY AT WORK (specify yes or no): YES
25. PLACE OF INJURY (home, farm, street, factory, etc.): HOME
26. LOCATION (street or R.F.D. No., city or town, county, state): Klamath Falls, Oregon, 97601
27. CERTIFICATION-DATE: 9/16/75
28. PHYSICIAN-SIGNATURE: Glenn C. Gailis, M.D.
29. MAILING ADDRESS-PHYSICIAN: 1905 Main Street, Klamath Falls, Oregon, 97601
30. FUNERAL HOME-NAME AND ADDRESS: Klamath Memorial Park, 246 Klamath Falls, Oregon
31. REGISTRAR-SIGNATURE: Veldon C. Boge, M.D.
32. DATE RECEIVED BY LOCAL REGISTRAR: MAY 19 1976
33. DATE RECEIVED BY STATE REGISTRAR: MAY 19 1976

28. 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.

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

By Marian Johnson, Deputy Registrar
Date MAY 20 1976

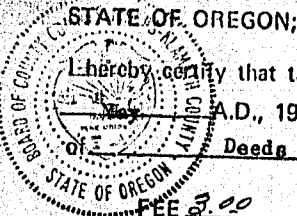
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

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

WM. D. MIZNE, County Clerk

By Laurie Mitchell, Deputy



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