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STATE OF OREGON - HEALTH DIVISION

76 JUN 11 PM 2 31

CERTIFICATE OF DEATH

Vol. 96 Page

8686

DECEASED - NAME		First		Middle		Last		State File Number	
1. <u>Frances</u>									
2. <u>White</u>		SEX		3. <u>Female</u>		AGE - last birthday (years)		4. <u>76</u>	
COUNTY OF DEATH		5. <u>Klamath</u>		CITY, TOWN, OR LOCATION OF DEATH		6. <u>U.S.A.</u>		7. <u>Yes</u>	
8. <u>U.S.A.</u>		CITIZEN OF WHAT COUNTRY		9. <u>U.S.A.</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		10. <u>Married</u>	
11. <u>U.S.A.</u>		SOCIAL SECURITY NUMBER		12. <u>573-30-9947 A</u>		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		13. <u>Homemaker</u>	
14. <u>Oregon</u>		RESIDENCE - STATE		15. <u>Klamath</u>		CITY, TOWN, OR LOCATION		16. <u>Rebecca Barnett Watson</u>	
17. <u>J.E. Gurney</u>		FATHER - NAME		18. <u>Rebecca Barnett Watson</u>		MOTHER - Maiden Name		19. <u>William Brown</u>	
20. <u>DEATH WAS CAUSED BY:</u>		Immediate cause		21. <u>End-stage carcinoma</u>		22. <u>General debility</u>		23. <u>Carcinoma of breast, chronic metastasis, respiratory etc.</u>	
24. <u>Causes, if any, which gave rise to, or as a consequence of, stating the underlying cause last</u>		25. <u>Immediate cause</u>		26. <u>Intermediate cause</u>		27. <u>Ultimate cause</u>		28. <u>Approximate interval between onset and death</u>	
29. <u>Accident</u>		DATE OF INJURY (month, day, year)		30. <u>Hour</u>		31. <u>HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)</u>		32. <u>Autopsy (yes or no) in determining cause of death</u>	
33. <u>INJURY AT WORK</u>		34. <u>PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)</u>		35. <u>LOCATION (street or R.F.D. No., city or town, county, state)</u>		36. <u>DATE OF DEATH (month, day, year)</u>		37. <u>DEATH OCCURRED at the place, on the body, or in the case of death, due to the cause(s) stated.</u>	
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