15069

186

STATE OF OREGON–STATE HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

State File Number

DECEASED–NAME: First James; Middle Martin; Last Gavin
Local File Number
1. RACE (White, Negro, American Indian, etc. (specify)): White
2. DATE OF DEATH (month, day, year): June 2, 1976
3. COUNTY OF DEATH: Klamath
4. SEX: Male
5a. AGE–last birthday (years): 66
5b. Under 1 year: mos. days; Under 1 day: hours min. sec.
6. DATE OF BIRTH (month, day, year): February 8, 1910
7a. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7b. CITIZEN OF WHAT COUNTRY: U.S.A.
7c. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
7d. HOSPITAL OR OTHER INSTITUTION–NAME (If not in hospital, give street and number): 1120 Pine St., Apt. 101
7e. Inside City Limits (specify yes or no): Yes
8. STATE OF BIRTH (If not in U.S.A., name of country): Washington
9. USUAL OCCUPATION (give kind of work done during most of working life): Millworker
10. NAME OF SPOUSE: Leona Gavin
11. KIND OF BUSINESS OR INDUSTRY: Lumber
12. SOCIAL SECURITY NUMBER: 538-10-3839
13a. USUAL RESIDENCE (place where deceased lived. If death occurred in institution, give last residence before admission): STREET AND NUMBER OR RFD: 1120 Pine St., Apt. 101
13b. CITY, TOWN, OR LOCATION: Klamath Falls
13c. Inside City Limits (specify yes or no): Yes
14a. FATHER–NAME (first, middle, last): W.H. Gavin
14b. MOTHER–Maiden Name (first, middle, last): Luella Hodges
14c. INFORMANT–Name and relationship to deceased: Leona Gavin, Wife
14d. STATE: Oregon
14e. COUNTY: Klamath

CAUSE

PART I. DEATH WAS CAUSED BY: (enter only one cause per line for (a), (b), and (c))
18. Immediate Cause (a) Hypertensive heart disease
due to, or as a consequence of: (b)
due to, or as a consequence of: (c)
Conditions, if any, which give rise to immediate cause (a), stating the underlying cause last
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)
19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death
20a. DATE OF INJURY (month, day, year)
20b. HOUR
20c. 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, factory, office bldg., etc. (specify))
20f. LOCATION (street or R.F.D. No., city or town, county, state)

MEDICAL INVESTIGATOR

CERTIFICATION–MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:
DEATH OCCURRED: month, day, year, hour
21a. June 2, 1976 5:30 P.M.
21b. THE DECEDENT WAS PRONOUNCED DEAD: month, day, year, hour
21c. FROM:
Natural Causes ☒ Accident ☐ Homicide ☐ Undetermined ☐ Suicide ☐ Pending ☐
NAME–(type or print): Veldon C. Boge
Degree or Title: M.D.
22a. CERTIFIER–SIGNATURE: Veldon C. Boge
22b. DATE SIGNED (month, day, year): June 7, 1976
22c. CITY or town; state

CERTIFIER

MEDICAL INVESTIGATOR: FOR: Klamath COUNTY

23. BURIAL, CREMATION, REMOVAL, RAUS (specify): Burial
24a. CEMETERY OR CREMATORY–NAME: Klamath Memorial Park
24c. LOCATION: Klamath Falls, Oregon
24d. DATE (month, day, year): 6-7-76

BURIAL

25a. FUNERAL DIRECTOR–SIGNATURE: [signature]
25b. FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. REGISTRAR–SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: June 7, 1976
27. DATE RECEIVED BY STATE REGISTRAR: 11-20-76
28. RESERVED FOR REGISTRARS USE
29. RESERVED FOR REGISTRARS USE

V3-107 REV. 2-73

ORIGINAL–VITAL STATISTICS COPY

1120 Pine #101
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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

(SEAL)

By Marian Ackerman Deputy Registrar
Date JUN 16 1976 19

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 17th day of June A.D., 1976 at 10;10 o'clock A M., and duly recorded in Vol M 76, of DEEDS on Page 8947.

WM. D. MILNE, County Clerk
By Hazel Drazil Deputy

FEE $ 3.00