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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. M 76 Page 8951

Local File Number

DECEASED

DECEASED—NAME: First: Rose | Middle: L. | Last: Taylor | DATE OF DEATH (month, day, year): 2. April 18, 1975

1. RACE White, Negro, American Indian, etc. (specify): White
3. COUNTY OF DEATH: Klamath
4. CITY, TOWN, OR LOCATION OF DEATH: Chiloquin
5. SEX: Female
5a. AGE—last birthday (years): 64
5b. Under 1 Year: mos. / days
5c. Under 1 Day: hours / min.
6. DATE OF BIRTH (month, day, year): September 6, 1910
7a. STATE OF BIRTH (If not in U.S.A. name of country): California
7b. CITIZEN OF WHAT COUNTRY: U.S.A.
7c. Inside City Limits (specify yes or no): NO
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street address or location): Taylor Ranch
8. SOCIAL SECURITY NUMBER:
9. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Frank Taylor
12. RESIDENCE—STATE: Oregon
13a. CITY, TOWN, OR LOCATION: Chiloquin
13b. Inside City Limits (specify yes or no): --
13c. STREET AND NUMBER OR RFD: 15 Mi. E. Chiloquin Ranch
14a. FATHER—NAME: first Joe middle Rawara last Rawara
14b. COUNTY: Klamath
14c. MOTHER—Maiden Name: first No middle Record last Record
14d. Inside City Limits (specify yes or no): No
14e. INFORMANT—NAME and relationship to deceased: Taylor Ranch, Husband
15. KIND OF BUSINESS OR INDUSTRY: 15 mi. E. Chiloquin
16. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
17. Frank Taylor, Husband

CAUSE

PART I. DEATH WAS CAUSED BY:
18. Immediate Cause
(a) Arteriosclerotic Heart Disease due to, or as a consequence of:
(b) due to, or as a consequence of:
(c)
Conditions, if any, which gave 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)

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year): Diabetes Mellitus
20b. HOUR
20c. M.
HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)
19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death
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. CERTIFICATION—MEDICAL INVESTIGATOR: I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about: DEATH OCCURRED (hour) ___ (month) ___ (day) ___ (year) ___ THE DECEDENT WAS PRONOUNCED DEAD (hour) ___ (month) ___ (day) ___ (year) ___
FROM: Natural Causes ☒ Accident ☐ Homicide ☐ Undetermined ☐

CERTIFIER

21a. CERTIFIER—SIGNATURE: [signature] M.D.
21b. M. April 18, 1975 5:00 A M.
21c. NAME—(type or print): L. Palzinski
22a. MEDICAL INVESTIGATOR: FOR:
22b. DATE SIGNED (month, day, year): 4-21-75
23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
CEMETERY OR CREMATORY—NAME: Eternal Hills
LOCATION city or town: Klamath Falls state: Oregon

BURIAL

24a. FUNERAL DIRECTOR—SIGNATURE: [signature]
24b. Eternal Hills
24c. NAME AND ADDRESS: Klamath Falls, Oregon
25a. REGISTRAR—SIGNATURE: [signature]
25b. O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. RESERVED FOR REGISTRAR'S USE
26b. DATE RECEIVED BY STATE REGISTRAR: APR 24 1975
27. DATE RECEIVED BY LOCAL REGISTRAR
28.

Rob Peterson Taylor
Star Rt. #2
Chiloquin Ore

VS-107 R-70

ORIGINAL — VITAL STATISTICS COPY

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 [signature] Deputy Registrar
Date APR 24 1975 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 10:16 o'clock A M., and duly recorded in Vol M 76, of DEEDS on Page 8951.

FEE $ 3.00

WM. D. MILNE, County Clerk
By [signature] Deputy