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STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

0041

1. PLACE OF DEATH a. COUNTY: Dallas
b. CITY OR TOWN: Dallas
c. LENGTH OF STAY in 1 b.: 4 yrs.
d. NAME OF HOSPITAL OR INSTITUTION: 3600 blk. Maple
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES XX NO ☐

2. USUAL RESIDENCE a. STATE: Texas b. COUNTY: Dallas
c. CITY OR TOWN: Dallas
d. STREET ADDRESS: 2722 Knight
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (a) First: Roger (b) Middle: Winslow (c) Last: Wright
4. DATE OF DEATH: Found dead on December 20, 1973 at 9:45 am
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 8, 1898
9. AGE (in years last birthday): 75
10a. USUAL OCCUPATION: Receiving Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE: Massachusetts
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: ? Wright
14. MOTHER'S MAIDEN NAME: ? Bradfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES?: No
16. SOCIAL SECURITY NO.: 541-30-1450
17. INFORMANT: Mrs. Mary Wright — Mrs. Mary Wright

18. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Cardiovascular Disease
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ☐ Natural ☐
20b. DESCRIBE HOW INJURY OCCURRED.
20c. TIME OF INJURY: Hour a.m. p.m. Month Day Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY
20f. CITY, TOWN, OR LOCATION / COUNTY / STATE

21. I hereby certify that I attended the deceased from Inquest held 12/20/73, 19__ to __, 19__ and last saw the deceased alive on __, 19__. Death occurred at XXXXXXXX m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Charles S. Petty (Degree or title): Medical Examiner
22b. ADDRESS: P.O.Box 35728 Dallas, Texas 75235
22c. DATE SIGNED: 12/20/73
23a. BURIAL, CREMATION, REMOVAL: Removal
23b. DATE: Dec. 21, 1973
23c. NAME OF CEMETERY OR CREMATORY: Klamath Falls Memorial Park
23d. LOCATION: Klamath, Oregon
24. FUNERAL DIRECTOR'S SIGNATURE: Marrs Mundy Quill [signature] 5810
25a. REGISTRAR'S FILE NO.: 9087
25b. DATE REC'D BY LOCAL REGISTRAR: DEC 21 1973
25c. REGISTRAR'S SIGNATURE: Maurine Lasson

VS-112 REV. 1/53

Ret
O.K. Gooky
431 Main
KF

WHEN IMPRESSED WITH THE SEAL OF THE CITY OF DALLAS, THIS IS CERTIFIED TO BE A TRUE COPY OF THE PERMANENT RECORD AS FILED IN THE BUREAU OF VITAL STATISTICS.

ISSUED: JAN 03 1974

Maurine Lasson
LOCAL REGISTRAR
DALLAS HEALTH DEPARTMENT

DALLAS, TEXAS

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 16th day of AUGUST A.D., 19 76 at 3;11 o'clock P M., and duly recorded in Vol M 76, of DEEDS on Page 12657.

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

FEE $ 3.00