

17843 265

STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

276 AUG 13 AM 10 54 Vol. 12868

CERTIFICATE OF DEATH

Local File Number: 17843
State File Number: 265

DECEASED - NAME: FLOYD LEE CARTER
First Middle Last

1. RACE: White, Negro, American Indian, etc. (specify): White
2. SEX: Male
3. DATE OF BIRTH: July 28, 1916
4. CITY, TOWN, OR LOCATION OF BIRTH: Klamath Falls
5. AGE - last birthday (years): 61
6. DATE OF DEATH (month, day, year): July 28, 1976
7. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (if not in U.S.A., name country): USA
9. USUAL OCCUPATION (give kind of work done during most of life, even if retired): Retired
10. MARIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Emma Carter
12. RESIDENCE - STATE: Oregon
13. CITY, TOWN, OR LOCATION: Klamath Falls
14. STREET AND NUMBER OR R.F.D.: Route # 1 - Box 331
15. FATHER - NAME: Jewel - Carter
16. MOTHER - Maiden Name: Alpha - Jeffries
17. INFORMANT - NAME and relationship to deceased: Emma Carter (Wife)
18. DEATH WAS CAUSED BY: Immediate cause: Acute Cerebral Hemiparesis
Due to, or as a consequence of: Chronic Cerebral Hypertension
due to, or as a consequence of: 5 years

19. APPROXIMATE INTERVAL between onset and death: minutes

20. CAUSE: Chronic Cerebral Hypertension
due to, or as a consequence of: 5 years
due to, or as a consequence of: Acute Cerebral Hemiparesis
due to, or as a consequence of: 5 years

21. ACCIDENT: Yes
22. DATE OF INJURY (month, day, year): April 2, 1972
23. HOUR: 10:35 A.M.
24. PLACE OF INJURY (home, farm, street, factory, office bldg., etc. (specify)): Home
25. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): Stroke

26. PHYSICIAN - SIGNATURE: Dr. J. H. H. H.
27. NAME (type or print): Dr. J. H. H. H.
28. ADDRESS: 1036 South 6th Street, Klamath Falls, Oregon 97601
29. CITY OR TOWN: Klamath Falls
30. STATE: Oregon
31. ZIP: 97601
32. DATE RECEIVED BY REGISTRAR: July 29, 1976
33. DATE RECEIVED BY STATE REGISTRAR: July 29, 1976
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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

By Marian Chapman, Deputy Registrar
Date Jul 29 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 19th day of AUGUST, A.D., 1976 at 10:54 o'clock A M., and duly recorded in Vol. 12868

of DEEDS on Page 12868

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Hazel Hazle, Deputy