

STATE OF OREGON—STATE BOARD OF HEALTH  
Vital Statistics Section  
CERTIFICATE OF DEATH

DECEASED—NAME: Lola Ruth Carson First Middle Last  
Local File Number: 364-745-24 State File Number: 12989

1. RACE: White 2. SEX: Female 3. AGE—last birthday (years): 75 4. DATE OF BIRTH (month, day, year): November 14, 1899

5. COUNTY OF DEATH: Klamath 6. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

8. STATE OF BIRTH: Klamath 9. US CITIZENSHIP (give kind of work done during most of working life, even if retired): housewife 10. NAME OF DEATH: Gus Carson

11. SOCIAL SECURITY NUMBER: 552-20-7445 12. RESIDENCE—STATE: Klamath 13. CITY, TOWN, OR LOCATION: Klamath Falls 14. STREET AND NUMBER OR R.D.: 1423 Dayton St.

15. FATHER—NAME: Unknown 16. MOTHER—Name: Unknown 17. INFORMANT—NAME and relationship to deceased: Gus Carson husband

18. DEATH WAS CAUSED BY: Asphyxia 19. APPROXIMATE PERIOD BETWEEN ONSET AND DEATH: minutes

20. DATE OF INJURY (month, day, year): Nov 18 1969 21. HOUR: 5:05 PM 22. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): Asphyxia

23. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): Home 24. LOCATION: Klamath Falls, Oregon

25. MEDICAL INVESTIGATOR: Neil Black, M.D. 26. NAME—(type or print): Neil Black, M.D. 27. DATE SIGNED (month, day, year): 11-18-69

28. CERTIFICATION—MEDICAL INVESTIGATOR: I certify that I have examined the body, made inquiry and in my opinion death resulted on or about: Nov 18 1969

29. DEATH OCCURRED: 5:05 PM 30. THE DECEASED WAS PROFOUNDLY DEAD: Yes 31. NAME—(type or print): Neil Black, M.D. 32. DATE SIGNED (month, day, year): 11-18-69

33. MEDICAL INVESTIGATOR: Neil Black, M.D. 34. COUNTY: Klamath 35. LOCATION: Klamath Falls, Oregon

36. FUNERAL, CREMATION, REMOVAL, BURIAL, ETC.: Burial 37. CEMETERY OR CREMATORY—NAME: Eternal Hills 38. LOCATION: Klamath Falls, Oregon

39. FUNERAL HOME—NAME AND ADDRESS: O'Hair's Funeral Chapel 515 Pike St Klamath Falls Ore 40. DATE RECEIVED BY LOCAL REGISTRAR: 11-18-69 41. DATE RECEIVED BY STATE REGISTRAR: 11-18-69

42. REGISTAR'S SIGNATURE: Neil Black 43. DATE RECEIVED FOR REGISTRAR'S USE: 11-18-69

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.

NEIL BLACK, M.D., Registrar Vital Statistics

By Blair D. Carson, Deputy Registrar  
Date Nov 18 1969

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 20th day of AUGUST A.D., 19 76 at 3:36 o'clock P M., and duly recorded in Vol M 76 of DEEDS on Page 12999

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Blair D. Carson, Deputy