STATE OF OREGON–STATE HEALTH DIVISION

Vital Statistics Section

CERTIFICATE OF DEATH

13196

Vol M76 Page

State File Number

18073

Local File Number 621

DECEASED

1. DECEASED–NAME: First Linmore; Middle Q.; Last Smith
2. DATE OF DEATH (month, day, year): August 4, 1976
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE–last birthday (years): 63
5b. Under 1 year: mos.
5c. Under 1 day: days / hours / min.
6. DATE OF BIRTH (month, day, year): October 3, 1912
7a. COUNTY OF DEATH: Jackson
7b. CITY, TOWN, OR LOCATION OF DEATH: Medford
7c. Inside City Limits (specify yes or no): yes
7d. HOSPITAL OR OTHER INSTITUTION–NAME (if not in either, give street and number): Providence Hospital
8. STATE OF BIRTH (if not in U.S.A., name of country): Vermont
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Katherine Smith
12. SOCIAL SECURITY NUMBER: 552-10-9058
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Draftsman
13b. KIND OF BUSINESS OR INDUSTRY: Medford Steel
14a. RESIDENCE–STATE: Oregon
14b. COUNTY: Jackson
14c. CITY, TOWN, OR LOCATION: Medford
14d. Inside City Limits (specify yes or no): yes
14e. STREET AND NUMBER OR RFD: 115 Washington
15. FATHER–NAME first: Norris middle: L. last: Smith
16. MOTHER–Maiden Name first: Eliza middle: M. last: Quinby
17. INFORMANT–Name and relationship to deceased: Katherine Smith-Wife

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Approximate interval between onset and death

18. Immediate Cause (a): Occlusive coronary arteriosclerosis — Years
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: (b) due to or as a consequence of:
(c) due to or as a consequence of:

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I(a)

DATE OF INJURY (month, day, year)	HOUR	AUTOPSY (yes or no)	IF YES were findings considered in determining cause of death
20a. None	20b. -----	19a. NO	19b.

INJURY AT WORK (specify yes or no)	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	LOCATION (street or R.F.D. No., city or town, county, state)
20d. No	20e. -----	20f. -----

INVESTIGATOR

MEDICAL

CERTIFIER

CERTIFICATION–MEDICAL INVESTIGATION: I certify that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

DECEDENT WAS PRONOUNCED DEAD (month)	(day)	(year)	(hour)	FROM: Natural Causes	Accident	Suicide
8	4	1976	10:20 A.M.	21c. Homicide	Undetermined	Pending

22a. CERTIFIER'S SIGNATURE: Albert R. Kearns — NAME–(type or print): 22b. Albert R. Kearns — Degree or Title: M.D.

MEDICAL INVESTIGATOR'S SIGNATURE FOR: ----------

DATE SIGNED (month, day, year): 8/9/76

23. BURIAL, CREMATION, REMOVAL, HAUL (specify): Cremation — COUNTY: Jackson — CEMETERY OR CREMATORY–NAME: 24b. Ashland Crematory — LOCATION – city or town: Ashland — state: Oregon — DATE (month, day, year): 24d. 8-5-76

BURIAL

FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip): 25b. Perl Funeral Home 426 N. 6th St. Medford, Oregon 97501

25a. FUNERAL DIRECTOR–SIGNATURE: Gilbert Wall

REGISTRAR–SIGNATURE: Albert R. Kearns

DATE RECEIVED BY LOCAL REGISTRAR: 8/6/76 — DATE RECEIVED BY STATE REGISTRAR: 27

26a. RESERVED FOR REGISTRAR'S USE

26b.

28 VS-107 REV. 2-73

ORIGINAL–VITAL STATISTICS COPY.

STATE OF OREGON — CERTIFIED COPY OF DEATH RECORD — COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Jackson County Health Department.

Albert R. Kearns, M.D
Registrar, Vital Statistics

Date 8/10, 1976 (SEAL) Void if altered

By Charlotte Sullenberger

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 24 th day of August A.D., 1976 at 2:24 P o'clock P.M., and duly recorded in Vol M76, of Deeds on Page 13196.

FEE $3.00

WM. D. MILNE, County Clerk

By Dorothy A. De Vore Deputy