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135 '76-05589

Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME First: Ima	Middle: Jewel	Last: Turner			2. DATE OF DEATH (month, day, year): April 3, 1976	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Female	5a. AGE—Last birthday (years): 81	5b. Under 1 year: mos. / days	5c. Under 1 day: hours / min.	6. DATE OF BIRTH (month, day, year): October 19, 1894	
7a. COUNTY OF DEATH: Klamath	7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	7c. Inside City Limits (specify yes or no): Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Pres. Intercomm. Hospt.			
8. STATE OF BIRTH (if not in U.S.A., name country): Washington	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: August S. Turner			
12. SOCIAL SECURITY NUMBER: 534-18-9004 B	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker	13b. KIND OF BUSINESS OR INDUSTRY: -				
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Klamath Fallsx	14d. Inside City Limits (specify yes or no): No	14e. STREET AND NUMBER OR R.F.D.: 3859 Bristol Ave.		
15. FATHER—NAME first middle last: -	16. MOTHER—Maiden Name first middle last: -	17. INFORMANT—NAME and relationship to deceased: August S. Turner, Husband				

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): Cancer of OVARY

due to, or as a consequence of: (b)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of: (c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) | 19a. AUTOPSY (yes or no): No | 19b. IF YES were findings considered in determining cause of death

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR M.	20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify))	20g. LOCATION (street or R.F.D. No., city or town, county, state)	

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year: Mar 21 76 to month day year: April 3, 1976 | And Last Saw Him/Her Alive on: month day year: Apr 2 76 | I Did / Did Not view the body after death (specify) | DEATH OCCURRED (hour): 3:30 A. M. | at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: David D. Reeder MD	22b. NAME (type or print): David D. Reeder	degree or Title: M.D.	22c. DATE SIGNED (month, day, year): 4/7/76	
23. MAILING ADDRESS—PHYSICIAN street: 1900 Main St.,	city or town: Klamath Falls,	state: Oregon	zip: 97601	
24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Mausoleum	24b. CEMETERY OR CREMATORY—NAME: Riverview Abby Maus.	24c. LOCATION city or town: Portland,	state: Oregon	24d. DATE (mo., day, year): 4-5-76
25a. FUNERAL DIRECTOR—SIGNATURE: Dale O'Hair	25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601			
26a. REGISTRAR—SIGNATURE: Marian Ackerman	26b. DATE RECEIVED BY LOCAL REGISTRAR: APR 9 1976	27. DATE RECEIVED BY STATE REGISTRAR: APR 19 1976		

RESERVED FOR REGISTRAR'S USE

28.

VS-2 R-69

DATE ISSUED JUNE 23 1976

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

Marian H. Morton

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 8th day of Sept. A.D., 19 76 at 3:20 o'clock P. M., and duly recorded in Vol M76, of Deeds on Page 14036.

FEE 3.00

WM. D. MILNE, County Clerk

By Dorothy DeVore Deputy