

21959 357

Local File Number

CERTIFICATE OF DEATH

Vital Statistics Section

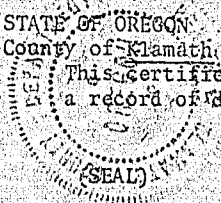
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1. DECEASED-NAME		James		Alfred		Blue		2. DATE OF DEATH (month, day, year)		October 25, 1976	
3. RACE (white, Negro, American Indian, etc. (specify))		White		4. SEX		Male		5. AGE (last birthday (years))		78	
6. COUNTY OF DEATH		Klamath		7. CITY, TOWN OR LOCATION OF DEATH		Klamath Falls		8. DATE OF BIRTH (month, day, year)		August 13, 1898	
9. STATE OF BIRTH (if not Oregon)		Oregon		10. CITIZEN OF WHAT COUNTRY		U.S.A.		11. MARRIED (yes or no)		Married	
12. SOCIAL SECURITY NUMBER		463-09-9270 A		13. USUAL OCCUPATION (give kind of work done during most of last year)		SUPERVISOR, CONSTRUCTION		14. KIND OF BUSINESS OR INDUSTRY		Commercial Construction	
15. RESIDENCE-STATE		Oregon		16. CITY, TOWN OR LOCATION		Klamath Falls		17. STREET AND NUMBER OR R.F.D.		1320 Pleasant Ave.	
18. FATHER-NAME		Francis Blue		19. MOTHER-MAIDEN NAME		Mary Stanford		20. INFORMATION-NAME and relationship to deceased		Ella M. Blue, Wife	
19. PART I. DEATH WAS CAUSED BY:		(a) Immediate cause		(b) Intermediate cause		(c) Ultimate cause		21. DEATH OCCURRED		at the place on the date, and to the best of my knowledge, due to the	
22. CAUSE		Colic		arteriosclerotic vascular disease		years		23. DATE OF DEATH		October 25, 1976	
24. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to cause given in Part I (a), (b), and (c)		Diabetes mellitus, COPD, heart failure, etc.		25. DATE OF INJURY (month, day, year)		October 25, 1976		26. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)		Falls	
27. CERTIFICATION-Physician		28. PHYSICIAN-SIGNATURE		29. NAME (type or print)		William A. Bartlett		30. DEGREE or TITLE		M.D.	
31. PHYSICIAN-ADDRESS		2850 Daggett St., Klamath Falls, Oregon		32. DATE SIGNED (month, day, year)		October 26, 1976		33. ZIP		97601	
34. BURIAL		35. CEMETERY OR CREMATORIUM-NAME		36. LOCATION		Klamath Falls, Oregon		37. DATE (month, day, year)		October 28, 1976	
38. FUNERAL DIRECTOR-SIGNATURE		39. FUNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip)		40. DATE RECEIVED BY LOCAL REGISTRAR		October 26, 1976		41. DATE RECEIVED BY STATE REGISTRAR		October 26, 1976	
42. REGISTRAR-SIGNATURE		43. REGISTRAR-NAME		44. DATE RECEIVED BY LOCAL REGISTRAR		October 26, 1976		45. DATE RECEIVED BY STATE REGISTRAR		October 26, 1976	
46. RESERVED FOR REGISTRAR'S USE		47. DATE RECEIVED BY LOCAL REGISTRAR		48. DATE RECEIVED BY STATE REGISTRAR		October 26, 1976		49. DATE RECEIVED BY STATE REGISTRAR		October 26, 1976	

54, 4 Hd 22 NOV 96

1320 Pleasant City



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 Margaret S. Connel, Deputy Registrar
Date 10-26-76
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 22 day of Nov A.D., 19 76 at 4:50 o'clock P M., and duly recorded in Vol. M 76 of DEEDS on Page 18633.

FEE \$ 3.00

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