21959 357
Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

State File Number '76 NOV 22 PM 4 50 **Vol. M76 Page 18633**

DECEASED

1. DECEASED—NAME: First: James | Middle: Alfred | Last: Blue
2. DATE OF DEATH (month, day, year): October 25, 1976
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 78 | 5b. Under 1 year: mos. / days | 5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): August 13, 1898
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): Oklahoma
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Ella M. Blue
12. SOCIAL SECURITY NUMBER: 463-09-9270 A
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Supervisor Construction
13b. KIND OF BUSINESS OR INDUSTRY: Commercial Construction
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 1320 Pleasant Ave.
15. FATHER—NAME (first, middle, last): Francis Blue
16. MOTHER—Maiden Name (first, middle, last): Mary Stanford
17. INFORMANT—NAME and relationship to deceased: Ella M. Blue, 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. (a) immediate cause: Cardiac arrhythmia — seconds
(b) due to, or as a consequence of: arteriosclerotic vascular disease — years
(c) due to, or as a consequence of:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Diabetes mellitus, COPD, transitional cell ca of bladder
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):

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: Feb. 23, 1967 to Oct. 25, 1976 | And Last Saw Him/Her Alive on: 10/24/76 | I Did/Did Not view the body after death (specify): | DEATH OCCURRED (hour): 6:50 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: [signature]
22b. NAME (type or print): William A. Bartlett — degree or Title: M.D.
22c. DATE SIGNED (month, day, year): October 26, 1976
23. MAILING ADDRESS—PHYSICIAN: 2860 Daggett St., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gard
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): 10-28-76
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
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: Marjorie S. Comer
26b. DATE RECEIVED BY LOCAL REGISTRAR: 10-26-76
27. DATE RECEIVED BY STATE REGISTRAR: Ret Ella M Blue 1320 Pleasant City
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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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.

(SEAL)

VELDON C. BOGE, M.D., Registrar Vital Statistics

By Marjorie S. Comer, Deputy Registrar
Date 10-26-76 19
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 [signature] Deputy