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76 DEC 15 PM 12 07

Vol. 76 Page 20052

STATE OF OREGON - HEALTH DIVISION  
Vital Statistics Section

## CERTIFICATE OF DEATH

253

Local File Number

State File Number

DECEASED-NAME First Middle Last  
M. Latue McDonald1. RACE (Specify) White  
2. SEX Female  
3. AGE-Last birthday (years) 49  
4. DATE OF BIRTH (month, day, year) August 16, 19245. COUNTY OF DEATH Klamath  
6. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls  
7. CITIZEN OF WHAT COUNTRY U.S.A.  
8. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Bookkeeper  
9. CITIES OF WHAT COUNTRY U.S.A.  
10. MARRIED, DIVORCED, WIDOWED, NEVER MARRIED, YES  
11. NAME OF SPOUSE Roy Gail McDonald12. RESIDENCE-STATE Oregon  
13. CITY, TOWN, OR LOCATION Klamath Falls  
14. INSIDE CITY LIMITS (Specify Yes or No) No  
15. STREET AND NUMBER OR R.F.D. 1719 McCellan Dr.  
16. MOTHER-Maiden Name first middle last Anna Hall  
17. ROY GAIL McDONALD18. DEATH WAS CAUSED BY: Immediate cause of death  
19. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)  
20. APPROXIMATE INTERVAL between onset and death 5 min21. CAUSE (a) Hypertension  
(b) Myocardial Infarction  
(c) Atherosclerosis  
22. 14 mo23. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to cause given in Part I (a), (b), and (c)  
24. 14 mo25. ACCIDENT (Specify Yes or No) No  
26. DATE OF INJURY (month, day, year) 8-16-74  
27. HOUR M 20:00  
28. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (Specify) Home  
29. LOCATION (street or R.F.D. No., city or town, county, state) Klamath Falls, Oregon30. INJURY AT WORK (Specify Yes or No) No  
31. DATE OF INJURY (month, day, year) 8-16-74  
32. HOUR M 20:00  
33. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (Specify) Home  
34. LOCATION (street or R.F.D. No., city or town, county, state) Klamath Falls, Oregon35. CERTIFICATION-Physician (Specify Yes or No) Yes  
36. I attended the deceased from (month, day, year) June 22, 1973  
37. DATE OF CERTIFICATION (month, day, year) Aug 15, 1974  
38. SIGNATURE OF PHYSICIAN John D. Merryman  
39. NAME (Type or print) John D. Merryman  
40. DEGREE or Title M.D.  
41. DATE SIGNED (month, day, year) Aug 19, 197442. PHYSICIAN'S SIGNATURE  
43. ADDRESS-Physician 303 Pine St., Klamath Falls, Oregon 9760144. BIRTH, CREATION, REMOVAL, CEMETERY OR CREMATION-NAME  
45. VALLEY VIEW Cemetery, Salt Lake City, Utah  
46. DATE 8-19-7447. FUNERAL DIRECTOR-SIGNATURE  
48. FUNERAL HOME-NAME AND ADDRESS 2500 Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601  
49. DATE RECEIVED BY STATE REGISTRAR AUG 19 197450. REGISTRAR'S SIGNATURE  
51. DATE RECEIVED BY LOCAL REGISTRAR AUG 19 197452. RESERVED FOR REGISTRAR'S USE  
53. 1719 McCellan Dr.  
54. City55. STATE OF OREGON  
56. County of Klamath  
57. 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.58. VELDON C. BOGE, M.D., Registrar Vital Statistics  
59. By Marion Sherman Deputy Registrar  
60. Date AUG 19 1974  
61. VOID IF ALTERED62. STATE OF OREGON; COUNTY OF KLAMATH; ss.  
63. I hereby certify that the within instrument was received and filed for record on the 15th day of DECEMBER A.D., 19 76 at 12:07 o'clock P M., and duly recorded in Vol M 76  
64. of DEEDS on Page 20052.  
65. FEE \$ 3.0066. WM. D. MILNE, County Clerk  
67. By Hazel Draz Deputy68. (SEAL)  
69. 1719 McCellan Dr.  
70. City71. 1719 McCellan Dr.  
72. City73. 1719 McCellan Dr.  
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86. City87. 1719 McCellan Dr.  
88. City89. 1719 McCellan Dr.  
90. City