STATE OF OREGON — HEALTH DIVISION 9 AM 10 57 Vol. M 77 Page 2365
Vital Statistics Section

25192 31
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

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

1. DECEASED—NAME (First / Middle / Last)	Luella / V. / Voges	2. DATE OF DEATH (month, day, year)	February 1, 1977
3. RACE White, Negro, American Indian, etc. (specify)	White	4. SEX	Female
5a. AGE—Last birthday (years)	77	5b. Under 1 year (mos. / days) / 5c. Under 1 day (hours / min.)	
6. DATE OF BIRTH (month, day, year)	October 20, 1899		
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)	Washburn Manor
8. STATE OF BIRTH (If not in U.S.A., name country)	Minnesota	9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married	11. NAME OF SPOUSE	Carl Voges
12. SOCIAL SECURITY NUMBER	543-44-4749 A	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	School Teacher
13b. KIND OF BUSINESS OR INDUSTRY	Education		
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.	4714 Sturdivant		
15. FATHER—NAME first middle last	Charles Dorow	16. MOTHER—Maiden Name first middle last	Bertha Wendt
17. INFORMANT—NAME and relationship to deceased	Carl Voges		

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)	Respiratory Arrest	minutes
due to, or as a consequence of: (b)	Cerebral Vascular Accident	minutes
due to, or as a consequence of: (c)	Cerebral Arteriosclerosis	year

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)

	19a. AUTOPSY (yes or no)	19b. IF YES were findings considered in determining cause of death
	no	

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:	month day year: 8-7-72	To: month day year: Feb. 1, 1977	And Last Saw Him/Her Alive on: month day year: 1-19-77	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour): 6:39 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE	Kenneth K. Magee	22b. NAME (type or print)	Kenneth K. Magee	degree or Title: M.D.	22c. DATE SIGNED (month, day, year): 2-3-77
23. MAILING ADDRESS—PHYSICIAN (street / city or town / state / zip)	Medical Dentl. Bld., Klamath Falls, Oregon 97601				

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS (specify)	Mausoleum	24b. CEMETERY OR CREMATORY—NAME	Valley Memorial Maus.
24c. LOCATION (city or town / state)	Hillsboro, Oregon	24d. DATE (mo., day, year)	2-4-77
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	Marian Peterson	26b. DATE RECEIVED BY LOCAL REGISTRAR: FEB 3 1977	27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE			

Grant Voges
4714 Sturdivant
City

VS-2 R-69

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.

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

By [signature] Deputy Registrar
Date FEB 9 1977 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and duly recorded in Vol M 77, of DEEDS on Page 2365

FEBRUARY A.D., 19 77 at 10;57 o'clock A M., and filed for record on the 9th day of

FEE $ 3.00

WM. D. MILNE, County Clerk.

By [signature] Deputy