

26344
323
STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section
CERTIFICATE OF DEATH
77 MAR 21 PM 2 2061. 77 page 4658

DECEASED-NAME: EDWARD ELMER
First Middle Last
DATE OF DEATH (month, day, year): September 25, 1975

1. RACE: White
2. SEX: Male
3. AGE: 70
4. DATE OF BIRTH (month, day, year): May 22, 1905

5. COUNTY OF DEATH: Klamath
6. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Lumber Worker
8. CITIZEN OF WHAT COUNTRY: USA
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): YES
10. HOSPITAL OR OTHER INSTITUTION-NAME (if not in either, give street and number): Lesta Ward
11. NAME OF SPOUSE: Lesta Ward
12. SOCIAL SECURITY NUMBER: 513-10-0561
13. KIND OF BUSINESS OR INDUSTRY: Saw Mills
14. STREET AND NUMBER OR R.F.D.: 1810 Arthur Street
15. FATHER-NAME: Fredrick Ward
16. MOTHER-NAME: Louella Mae Clark
17. INFORMANT-NAME and relationship to decedent: Lesta Ward (Wife)

18. DEATH WAS CAUSED BY:
(a) Immediate cause: Shock
(b) Due to, or as a consequence of: Myocardial infarction
(c) Due to, or as a consequence of: Atherosclerosis
(d) Other significant conditions contributing to death but not related to cause given in Part I (a), (b), and (c):

19. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to cause given in Part I (a), (b), and (c):

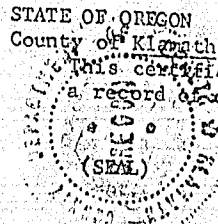
20. ACCIDENT (specify yes or no): YES
21. DATE OF INJURY (month, day, year): Sept 24, 1975
22. HOUR: 2:20
23. PLACE OF INJURY (at home, farm, street, factory, office, etc., specify): HOME
24. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):

25. PHYSICIAN-SIGNATURE: [Signature]
26. NAME (type or print): Glenn C. Miller, M.D.
27. ADDRESS (street or R.F.D. No., city or town, county, state): 1905 Main Street, Klamath Falls, Oregon 97601

28. PHYSICIAN-SIGNATURE: [Signature]
29. NAME (type or print): Glenn C. Miller, M.D.
30. ADDRESS (street or R.F.D. No., city or town, county, state): 1905 Main Street, Klamath Falls, Oregon 97601

31. BURIAL (specify): YES
32. CEMETERY OR CREMATORY-NAME: Klamath Memorial Park
33. LOCATION: Klamath Falls, Oregon
34. DATE RECEIVED BY LOCAL REGISTRAR: SEP 29 1975
35. DATE RECEIVED BY STATE REGISTRAR: SEP 29 1975

36. RESERVED FOR REGISTRAR'S USE



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 SEP 29 1975
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 21st day of
MARCH A.D., 19 77 at 2:20 o'clock P.M., and duly recorded in Vol. M 77
of DEEDS on Page 4658
FEE \$ 3.00

WM. D. MILNE, County Clerk
By [Signature], Deputy