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STATE OF OREGON: STATE BOARD OF HEALTH
'77 MAR 30 PM 12 Vital Statistics Section

'73-019842

CERTIFICATE OF DEATH

2 489 — Local File Number — State File Number

1. DECEASED—NAME: CECIL HENRY WARD
2. DATE OF DEATH (month, day, year): December 25, 1973
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—last birthday (years): 47
5b. Under 1 Year: months
5c. Under 1 Day: days, hours, min.
6. DATE OF BIRTH (month, day, year): August 13, 1926
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Merrill
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 227 North Lincoln
8. STATE OF BIRTH (If not in U.S.A., name of country): Oklahoma
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Opal Mae Ward
12. SOCIAL SECURITY NUMBER: 440-20-3228
12a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Laborer
12b. KIND OF BUSINESS OR INDUSTRY: Common
13a. RESIDENCE—STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Merrill
13d. Inside City Limits (specify yes or no): Yes
13e. STREET AND NUMBER OR RFD: 227 Lincoln
15. FATHER—NAME first middle last: Henry — Ward
16. MOTHER—Maiden Name first middle last: Kathleen — Irle
17. INFORMANT—NAME and relationship to deceased: Opal Mae Ward (Wife)

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

18. Immediate Cause
(a) Lobar pneumonia — due to, or as a consequence of:
(b) — due to, or as a consequence of:
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

Approximate interval between onset and death: weeks

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)

Laennec's cirrhosis; Epilepsy

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

20a. DATE OF INJURY (month, day, year)
20b. HOUR
20c. HOW INJURY Ooccurred (enter nature of injury in Part I or Part II, item 18)
20d. INJURY AT WORK (specify yes or no)
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20f. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFICATION—MEDICAL INVESTIGATOR:
I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:

21a. DEATH OCCURRED (hour): 2:45 A. M.
21b. THE DECEDENT WAS PRONOUNCED DEAD (month, day, year, hour): About Dec. 25 1973 3:00 a. M.
21c. FROM: Natural Causes X; Accident ☐; Suicide ☐; Homicide ☐; Undetermined ☐; Pending ☐

22a. CERTIFIER—SIGNATURE: Veldon C Boge M.D.
22b. NAME (Type or print) Degree or Title: Veldon C. Boge, M.D.
22c. DATE SIGNED (month, day, year): January 7, 1974
23. MEDICAL INVESTIGATOR FOR: Klamath COUNTY

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (month, day, year): Dec. 28, 1973
25a. FUNERAL DIRECTOR: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26a. RECEIVED FOR REGISTRAR BY: Marjorie Gilbertson
26b. DATE RECEIVED BY LOCAL REGISTRAR: Dec. 7, 1974
27. DATE RECEIVED BY STATE REGISTRAR: JAN 14 1974

VS 107 8-70 — ORIGINAL — VITAL STATISTICS COPY

DATE ISSUED Mar. 16 1977

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Rev. Donald Ratliff Atty
Merrill Christ

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 30th day of MARCH A.D., 1977 at 12:07 o'clock P M., and duly recorded in Vol M 77 of DEEDS on Page 5292.

FEE $ 3.00

WM. D. MILNE, County Clerk
By Hazel Deagle

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