

77-6

28812

STATE OF OREGON - HEALTH DIVISION
Vital Statistics SectionVol. 177 Page 7292

CERTIFICATE OF DEATH

State File Number

DECEASED-NAME First Middle Last NORA MARY McAULIFFE		DATE OF DEATH (month, day, year) 2 March 12, 1977	
1. RACE White, Negro, American Indian, etc. (specify) White	2. SEX Female	3. AGE-Last birthday (years) 89	4. DATE OF BIRTH (month, day, year) July 29, 1887
5. COUNTY OF DEATH Lake	6. CITY, TOWN, OR LOCATION OF DEATH Lakeview	7. HOSPITAL OR OTHER INSTITUTION-NAME (if not in either, give street and number) Lake District Hospital	8. NAME OF SPOUSE ---
9. STATE OF BIRTH (if not in U.S.A., name country) Ireland	10. CITIZEN OF WHAT COUNTRY U.S.A.	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed	12. KIND OF BUSINESS OR INDUSTRY At Home
13. SOCIAL SECURITY NUMBER 544-42-9799	14. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife	15. STREET AND NUMBER OR R.F.D. ---	16. RESIDENCE-STATE Oregon
17. FATHER-NAME first middle last Joseph O'Connor	18. MOTHER-Maiden Name first middle last Mary O'Sullivan	19. INFORMANT-NAME and relationship to deceased Joe McAuliffe, Son	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			
18. Immediate cause Cerebral Hemorrhage		20. Approximate interval between onset and death 2 hrs.	
(a) due to, or as a consequence of: Cerebral Hemorrhage		21. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last 20 hrs.	
(b) due to, or as a consequence of: Generalized arteriosclerosis		22. Conditions, if any, which gave rise to immediate cause (b), stating the underlying cause last 20 hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)			
23. ACCIDENT (specify yes or no) ---		24. DATE OF INJURY (month, day, year) ---	
25. INJURY AT WORK (specify yes or no) ---		26. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) ---	
27. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) ---		28. LOCATION (street or R.F.D. No., city or town, county, state) ---	
29. CERTIFICATION-PHYSICIAN: I attended the deceased from: March 10, 1975		30. DATE SIGNED (month, day, year) 3 12 77	
31. PHYSICIAN-SIGNATURE W. P. Wilbur		32. NAME (type or print) W. P. Wilbur	
33. MAILING ADDRESS-PHYSICIAN 424 North First Street, Lakeview, Oregon 97630		34. DATE (month, day, year) 3-15-77	
35. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		36. CEMETERY OR CREMATORY-NAME Mt. Calvary Cemetery	
37. FUNERAL DIRECTOR-SIGNATURE Ward's Klamath Funeral Home		38. LOCATION city or town state Klamath Falls, Oregon	
39. REGISTRAR-SIGNATURE Dorsey Lewis, Deputy Reg.		40. DATE RECEIVED BY LOCAL REGISTRAR March 15, 1977	
41. REGISTRAR-SIGNATURE Dorsey Lewis, Deputy Reg.		42. DATE RECEIVED BY STATE REGISTRAR ---	

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTIONCERTIFIED COPY OF DEATH RECORD
County of LAKE

STATE OF OREGON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Lake County Department of Health.

Robert W. Bomengen, M.D.
Registrar of Vital Statistics

Date: 3/15/77

VOID IF ALTERED

By Dorsey Lewis, Deputy Reg.

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 28th day of APRIL A.D., 1977 at 4:29 o'clock PM, and duly recorded in Vol. 177 of DEEDS on Page 7292.

FEE \$ 3.00

WM. D. MILNE, County Clerk
By Hazel Drazil Deputy

77 APR 28 PM 4 29