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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

95 Local File Number

CERTIFICATE OF DEATH

'77-003748 State File Number

1. DECEASED—NAME First: BENJAMIN	Middle: TIMOTHY	Last: MURPHY		2. DATE OF DEATH (month, day, year): March 28, 1977	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Male	5a. AGE—Last birthday (years): 76	Under 1 year: 5b. mos. / days	Under 1 day: 5c. hours / min.	6. DATE OF BIRTH (month, day, year): January 23, 1901
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): Presbyterian Intercommunity		
8. STATE OF BIRTH (If not in U.S.A., name country): Ireland	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Winifred Murphy		
12. SOCIAL SECURITY NUMBER: 550 - 22 - 0423	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Owner	13b. KIND OF BUSINESS OR INDUSTRY: Tavern			
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Merrill	14d. Inside City Limits (specify yes or no): Yes	14e. STREET AND NUMBER OR R.F.D.: PO Box 122	
15. FATHER—NAME first middle last: Timothy Murphy	16. MOTHER—Maiden Name first middle last: Nora O'Keeffe	17. INFORMANT—NAME and relationship to deceased: Winifred Murphy - Wife			

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) CVA — 2hrs
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b) Generalized atherosclerosis — unknown
due to, or as a consequence of:
(c) Diabetes mellitus — unknown

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

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

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
		M.	

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)

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year: March 22, 1977 to month day year: March 28, 1977 — And Last Saw Him/Her Alive on: month day year: March 28, 1977 — I Did/Did Not view the body after death (specify): did — DEATH OCCURRED (hour): 5:10 P.M. — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Blake Berven MD — 22b. NAME (type or print): Blake Berven — degree or Title: M.D. — 22c. DATE SIGNED (month, day, year): March 29, 1977

23. MAILING ADDRESS—PHYSICIAN (street / city or town / state / zip): Medical-Dental Building — Klamath Falls, Oregon — 97601

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION city or town / state	24d. DATE (mo., day, year)
Burial	Mt. Calvary	Klamath Falls, Oregon	

25a. FUNERAL DIRECTOR—SIGNATURE: Thomas K. Ward — 25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): WARD'S - 1945 Main St. - Klamath Falls, Or. 97601

26a. REGISTRAR—SIGNATURE	26b. DATE RECEIVED BY LOCAL REGISTRAR	27. DATE RECEIVED BY STATE REGISTRAR
Marian Ackerman	MAR 1977	APR 11 1977

28. RESERVED FOR REGISTRAR'S USE

DATE ISSUED APRIL 22 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.

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 29th day of APRIL A.D., 19 77 at 3:35 o'clock P M., and duly recorded in Vol. M77, of DEEDS on Page 7355.

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Drazel Deputy