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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First MELVIN Middle HENRY Last HENDERSON
2. DATE OF DEATH (month, day, year): April 13, 1977
3. RACE White, Negro, American Indian, etc. (specify): white
4. SEX: male
5a. AGE—Last birthday (years): 58
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): March 16, 1919
7a. COUNTY OF DEATH: Multnomah
7b. CITY, TOWN, OR LOCATION OF DEATH: Portland
7c. Inside City Limits (specify yes or no): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Veterans Administration
8. STATE OF BIRTH (If not in U.S.A., name country): Iowa
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): married
11. NAME OF SPOUSE: Geneva Henderson
12. SOCIAL SECURITY NUMBER: 484 09 7745
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Farmer
13b. KIND OF BUSINESS OR INDUSTRY: Farming
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Malin
14d. Inside City Limits (specify yes or no): no
14e. STREET AND NUMBER OR R.F.D.: Star Rt. 2
15. FATHER—NAME first middle last: Erick M. Henderson
16. MOTHER—Maiden Name first middle last: Josephine Larson
17. INFORMANT—NAME and relationship to deceased: Hospital Records & Geneva Henderson wife

CAUSE

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

18. Immediate cause (a) Carcinoma of the Lung with Metastases — approximate interval between onset and death: 3 years
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
(b) due to, or as a consequence of:
(c)

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

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

ACCIDENT (specify yes or no) 20a.
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)
INJURY AT WORK (specify yes or no) 20e.
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: VA Staff: March 24, 1977 to April 13, 1977
And Last Saw Him/Her Alive on: April 13, 1977
I Did/Did Not view the body after death (specify): Did
DEATH OCCURRED (hour): 8:00 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: D. Torres-Stein, MD
22b. NAME (type or print): D. Torres-Stein
degree or Title: M.D.
22c. DATE SIGNED (month, day, year): April 15, 1977
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): Veterans Administration Hospital, Sam Jackson Park, Portland, Oregon 97207

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Malin Community Cemetery
24c. LOCATION city or town, state: Malin, Oregon
24d. DATE (mo., day, year): April 16, 1977
25a. FUNERAL DIRECTOR—SIGNATURE: Hazel I. Ballantyne Lyst-for
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Oregon 97601
26a. REGISTRAR—SIGNATURE: A.B. Ford
26b. DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1977
DATE RECEIVED BY STATE REGISTRAR: 27.
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON)
)
COUNTY OF MULTNOMAH)

Date APR 19 1977

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

(Seal)

A.B. Ford
Registrar of Vital Statistics

By Audrey Fiedler
Deputy Registrar of Vital Statistics

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 2nd day of ~~May~~ A.D., 19 77 at 2:14 o'clock P M., and duly recorded in Vol M 77 of DEEDS on Page 7508.

FEE $ 3.00

WM. D. MILNE, County Clerk
Hazel Duarte