STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

3345

State File Number 77

Local File Number 262

DECEASED

1. DECEASED—NAME: First SARAH Middle MAE Last LIMBECK
2. DATE OF DEATH (month, day, year): July 31, 1977
3. RACE (White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 99
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): April 16, 1878
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): Washburn Manor
8. STATE OF BIRTH (if not in U.S.A., name country): Minnesota
9. CITIZEN OF WHAT COUNTRY: USA
10. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
11. KIND OF BUSINESS OR INDUSTRY: Homemaking
12. SOCIAL SECURITY NUMBER: 544 - 09 - 6323
13a. RESIDENCE—STREET AND NUMBER OR R.F.D.: 3019 Western
13b. Inside City Limits (specify yes or no): NO
14. INFORMANT—NAME and relationship to deceased: Dorothy Ward - Daughter
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. STREET AND NUMBER OR R.F.D.: 3019 Western
15. FATHER—NAME: first Harvey middle H. last Lord
16. MOTHER—Maiden Name: first Lucy middle Anna last DeLaney
17. Dorothy Ward - Daughter
18. Usual residence where deceased lived at time of death (street and number, city or town, county, state): 3019 Western, Klamath Falls, Klamath, Oregon
19. Usual residence where deceased lived at time of death (if not in institution give residence before admission.): 5 years

CAUSE

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

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

(a) immediate cause: [illegible]
(b) due to, or as a consequence of: [illegible]
(c) due to, or as a consequence of: [illegible]

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

CERTIFIER

20h. CERTIFICATION—PHYSICIAN: I attended the deceased from: [illegible] 19 53 to July 31, 1977
And Last Saw Him/Her Alive on: (month, day, year)
I Did/Did Not view the body after death (specify)
21. PHYSICIAN—SIGNATURE: [illegible]
DEATH OCCURRED (hour): 10:50 PM
22a. MAILING ADDRESS—PHYSICIAN: [illegible] 303 Pine St. - Klamath Falls, Oregon 97601
22b. NAME (type or print): John D. Merryman
degree or Title: MD
22c. DATE SIGNED (month, day, year): Aug. 1, 1977

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24a. CEMETERY OR CREMATORY—NAME: Eternal Hills
24b. LOCATION—city or town, state: Klamath Falls, Ore.
24c. DATE (mo., day, year): Aug. 4, '77
25a. FUNERAL DIRECTOR—SIGNATURE AND REGISTRAR'S SIGNATURE: [illegible]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): WARD'S - 1945 Main - Klamath Falls, Ore. 97601
26. RESERVED FOR REGISTRAR'S USE
26b. DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 1977
27. DATE RECEIVED BY STATE REGISTRAR: [illegible]

VS-2 R-67

[illegible] 97222

Vol. M77 Page 13691

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.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics

By [signature] Deputy Registrar
Date AUG 3 1977 19

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 3rd day of August A.D., 19 77 at 11;03 o'clock A M., and duly recorded in Vol M77, of DEEDS on Page 13691.

FEE $ 3.00

WM. D. MILNE, County Clerk

By [signature] Deputy

11681 - [illegible]