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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

133 Local File Number

CERTIFICATE OF DEATH

72-005668 State File Number

1. DECEASED—NAME: First James Middle Joseph Last Noonan
2. DATE OF DEATH (month, day, year): April 11, 1972
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 61
5b. If under 1 day (min.)
5c. If under 1 day (hours)
5d. If under 1 day (days)
6. DATE OF BIRTH (month, day, year): May 29, 1910
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): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (If not in U.S.A., name country): Ireland
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Phyllis Noonan
12. SOCIAL SECURITY NUMBER: 720-18-0398
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Elevator Operator
13b. KIND OF BUSINESS OR INDUSTRY: Farming: Grain
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Merrill
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: Box 13
15. FATHER—NAME first middle last: Patrick Noonan
16. MOTHER—Maiden Name first middle last: Ellen Dorgan
17. INFORMANT—NAME and relationship to deceased: Phyllis Noonan, wife

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

18. Immediate cause (a): Cerebral & pulmonary embolic — due to, or as a consequence of
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: (b) Atrial fibrillation — due to, or as a consequence of; (c) Arteriosclerotic heart disease

Approximate interval between onset and death: (a) days; (b) years; (c) years

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. DATE OF INJURY (month, day, year)
20c. HOUR
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
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 Apr. day 10 year 1972 to month April day 11 year 1972. And Last Saw Him/Her Alive on: month Apr. day 11 year 72. I Did/Did Not view the body after death (specify). DEATH OCCURRED (hour) 6:15 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Glenn Miller, MD
22b. NAME (Type or print): Glenn C. Miller degree or Title: M.D.
22c. DATE SIGNED (month, day, year): April 13, 1972
23. NAME AND ADDRESS—PHYSICIAN: 1905 Main St., Klamath Falls, Oregon 97601
24a. BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION city or town: Klamath Falls, state: Oregon
24d. DATE (month, day, year): 4-14-72
25a. FUNERAL DIRECTOR—SIGNATURE: #314
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
25c. REGISTRAR—SIGNATURE: Marion Johnson
25d. DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1972
25e. DATE RECEIVED BY STATE REGISTRAR: APR 24 1972

DATE ISSUED: Oct. 6 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.

Rel: Klam Co Title Co

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 7th day of October A.D., 19 77 at 11:54 o'clock A M., and duly recorded in Vol M77, of Deeds on Page 19125.

FEE $3.00

WM. D. MILNE, County Clerk

By Hazel Deputy