

37907

STATE OF OREGON - HEALTH DIVISION

Vital Statistics Section

Vol. 177 Page 20486

CERTIFICATE OF DEATH

Local File Number

First Middle Last

977 01 25 04 3 33

DECEASED - NAME **MARGE JAN MORGAN**

1. RACE Write: Negro, American Indian, etc. (specify) **White**

2. SEX **Female**

3. COUNTY OF DEATH **Klamath**

4. CITY, TOWN, OR LOCATION OF DEATH **City, Falls**

5. AGE - Last birthday (years) **54**

6. DATE OF BIRTH (month, day, year) **January 28, 1916**

7a. STATE OF BIRTH (if not in U.S.A., name country) **Klamath Falls**

7b. CITIZEN OF WHAT COUNTRY **USA**

8. SOCIAL SECURITY NUMBER **15-50971**

9. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) **SALESPER**

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) **Married**

11. KIND OF BUSINESS OR INDUSTRY **Troy Morgan Lumber Co.**

12. RESIDENCE - STATE **OREGON** COUNTY **Klamath** CITY, TOWN, OR LOCATION **Klamath Falls**

13. INSIDE CITY LIMITS (specify yes or no) **No**

14. STREET AND NUMBER OR R.F.D. **1212 Homedale**

15. FATHER - NAME first middle last **Jim - Thurman**

16. MOTHER - Maiden Name first middle last **Anne - Huff**

17. INFORMANT - NAME and relationship to deceased **Troy Morgan (husband)**

18. DEATH WAS CAUSED BY: **acute cardiac angina**

19. IMMEDIATE CAUSE **Myocardial infarction**

20. CONDITIONS, if any, which gave rise to, or contributed to, or in any way preceded the death, stating the usual cause last **due to, or as a consequence of: severe chest pain**

21. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a), (b), and (c) **10 years**

22. ACCIDENT (specify yes or no) **No** DATE OF INJURY (month, day, year) **Aug 14 1972** HOUR **20c**

23. INJURY AT WORK (specify yes or no) **No** PLACE OF INJURY (at home, farm, street, factory, etc. (specify)) **at home** LOCATION (street or R.F.D. No., city or town, county, state) **M. 20d**

24. CERTIFICATION - PHYSICIAN: decedent from: **Aug 14 1972** to **Jan 28 1976** **Jan 23 1976**

25. PHYSICIAN - SIGNATURE **Jack H. Harting** M.D. NAME (type or print) **Jack N. Martin, M.D.**

26. MAINTAINING ADDRESS - PHYSICIAN **M.D.** 27b. Jack N. Martin, M.D.

28. BURIAL CEMETERY OR CREMATORY - NAME **1036 South 6th Street, Klamath Falls, Oregon 97601**

29. FUNERAL DIRECTOR - SIGNATURE **Funeral Home - NAME AND ADDRESS** **Klamath Falls, Oregon**

30. REGISTRAR - SIGNATURE **Funeral Home - NAME AND ADDRESS** **Klamath Falls, Oregon**

31. DATE RECEIVED BY LOCAL REGISTRAR **JAN 29 1976**

32. DATE RECEIVED BY STATE REGISTRAR **Feb 2, 1976**

33. DATE SIGNED (month, day, year) **1-29-76**

34. DEATH OCCURRED (at the place, on the road, in the water, etc. (specify)) **at the place, on the road, in the water, etc. (specify)**

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STATE OF OREGON
County of Klamath

VELDON C. BOGE, M.D., Registrar Vital Statistics

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 24th day of OCTOBER A.D., 19 77 at 3:33 o'clock P.M., and duly recorded in Vol. M77 of DEEDS on Page 20186.

FEE \$3.00

WM. D. MILNE, County Clerk

By Hazel Davis Deputy