38245

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'77 NOV 1 PM 1 41

Vol. M77 Page 20946

355
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First JESSIE Middle MAY Last HIGHLEY
2. DATE OF DEATH (month, day, year): October 27, 1977
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 91
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): December 2, 1885
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

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

8. STATE OF BIRTH (if not in U.S.A., name country): Nebraska
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: -
12. SOCIAL SECURITY NUMBER: 533 - 10 - 3725
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: Homemaking
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 212 N Second Street
15. FATHER—NAME first middle last: Portus P. Sell
16. MOTHER—Maiden Name first middle last: Addline Bliss Ward
17. INFORMANT—NAME and relationship to deceased: Dora Davenport - Daughter

CAUSE

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

18. Immediate cause
(a) CHRONIC HEMOLYTIC ANEMIA — approximate interval between onset and death: 12 months
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
due to, or as a consequence of:
(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

20a. ACCIDENT (specify yes or no): No
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)
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)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year 2-17-76 to month day year 10-26-77
And Last Saw Him/Her Alive on: month day year 10-26-77
I Did/Did Not view the body after death (specify)
DEATH OCCURRED (hour): 11:00 A M.
at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Everett Edgerton
22b. NAME (type or print): Everett E. Howard degree or Title: M.D.
22c. DATE SIGNED (month, day, year): 10-28-77
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 2622 Campus Drive - Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Klamath Mem. Park
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (mo., day, year): Oct. 31, '77
25a. FUNERAL DIRECTOR—SIGNATURE: James K. Wood
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): WARD'S - 1945 Main - Klamath Falls, Oregon 97601
26a. REGISTRAR—SIGNATURE: Marion Thurman
26b. DATE RECEIVED BY LOCAL REGISTRAR: OCT 28 1977
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

Ret- Dora Davenport
212 N. 2nd St. City

STATE OF OREGON
County of Klamath ss.

I hereby certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

MARJORIE S. COMER, Registrar Vital Statistics
By Marjorie S. Comer Deputy Registrar
Date OCT 28 1977 19
VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 1st day of November A.D., 19 77 at 1:41 o'clock P M., and duly recorded in Vol M77 of Deeds on Page 20946

WM. D. MILNE, County Clerk
By Bernetha V. Hatch Deputy

FEE $3.00