42037 '78 JAN 20 PM 4 47 Vol. M 78 Page 1317

22

CERTIFICATE OF DEATH

Local File Number — State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR AUCTIONS SEE HANDBOOK

PERMANENT

DEATH OCCURRED IN INSTITUTION. HANDBOOK GARDING PLETION OF ENCE ITEMS.

OSITION

2.

3.

MPER

NDITIONS F ANY CH GAVE RISE TO MEDIATE CAUSE TING THE DERLYING USE LAST

NS OF

5.

6.

1 DECEASED—NAME: First THOMAS	Middle L.	Last McENERNEY		2 DATE OF DEATH (month, day, year): January 15, 1978	
3 RACE White, Black, American Indian, etc.(specify): White	4 SEX: Male	5a AGE—Last birthday (years): 96	Under 1 year: 5b mos. days	Under 1 day: 5c hours min.	6 DATE OF BIRTH (month, day, year): April 28, 1881
7a COUNTY OF DEATH: Klamath	7b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Washburn Manor			7d IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient
8 STATE OF BIRTH (If not in U.S.A., name country): California	9 CITIZEN OF WHAT COUNTRY: USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed	11 SPOUSE (IF MARRIED, WIDOWED): -		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 700 - 12 - 6773	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Engineer - retired	14b KIND OF BUSINESS OR INDUSTRY: Southern Pacific R.R.			
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 2904 Summers Lane 97601		15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: Patrick - McEnerney	17 MOTHER—Maiden Name first middle last: Bridget - Flannery	18 INFORMANT—NAME and relationship to deceased: Colleen Stinson (Daughter)			
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	19b CEMETERY OR CREMATORY—NAME: Mt. Calvary Cemetery	19c LOCATION city or town state: Klamath Falls, Oregon			
20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]:	NAME AND ADDRESS OF FACILITY: 20b Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601				

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a [Signature]: Everett E. Howard
21b DATE SIGNED [Mo., Day, Yr.]: 1-16-78
21c HOUR OF DEATH: 8:15 P. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: E.E. Howard, M.D., 2622 Campus Drive, Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JAN 17 1978	22b REGISTRAR [Signature]: Marion Gehrman

PART I

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]
(a) STROKE — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) ARTERIOSCLEROSIS — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24 AUTOPSY [Specify Yes or No]	25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER [Specify Yes or No]
No	No

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo, Day, Yr]	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK [Specify Yes or No]	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc.(Specify)		26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

Return to Colleen Stinson 2430 Summer Lane Klamath Falls, Oregon 97601

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 Marion Gehrman, Deputy Registrar
Date JAN 17 1978 19

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 20th day of January A.D., 19 78 at 4:47 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 1317.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernethard L. Leloch Deputy