

TIA 38-14369-M
44827STATE OF OREGON — HEALTH DIVISION
Vital Statistics SectionVol. 78 Page 5178

77-005511

112
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last Charles Christopher Duggan			DATE OF DEATH (month, day, year) April 13, 1977		
1. RACE (White, Negro, American Indian, etc. (specify)) White		2. SEX Male	3. AGE—Last birthday (years) 67		4. DATE OF BIRTH (month, day, year) December 21, 1909
5. COUNTY OF DEATH Klamath		6. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		7. HOSPITAL OR OTHER INSTITUTION—NAME (if not in other, give street and number) Washburn Manor	
8. STATE OF BIRTH (if not in U.S.A., name country) Oregon		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
11. SOCIAL SECURITY NUMBER 543-10-3698		12. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Truck Driver		13. NAME OF SPOUSE Thelma Ione Duggan	
14. RESIDENCE—STATE Oregon		15. COUNTY Klamath		16. CITY, TOWN, OR LOCATION Klamath Falls	
17. FATHER—NAME first middle last John Owen Duggan		18. MOTHER—Maiden Name first middle last Mary Keegan		19. INFORMANT—NAME and relationship to deceased Thelma Ione Duggan, Wife	
PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))					
19. Immediate cause Inanition					
(a) Due to, or as a consequence of: Severe Parkinson's disease					
(b) Due to, or as a consequence of: Neurotic bladder & emphysema					
(c) Due to, or as a consequence of:					
PART II OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a), (b), and (c) Neurotic bladder & emphysema					
20. ACCIDENT (specify yes or no) 20a. No		21. DATE OF INJURY (month, day, year) 20b. July 22, 1965		22. HOUR 20c. 3:17 P.M.	
23. INJURY AT WORK (specify yes or no) 23a. No		24. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)) 24a. Home		25. LOCATION (street or R.F.D. No., city or town, county, state) 25a. Klamath Falls, Oregon	
26. CERTIFICATION—PHYSICIAN: I attended the deceased from: 26a. July 22, 1965		27. And last saw him/her alive on: 27a. April 13, 1977		28. I did/Did Not view the body after death (specify) 28a. I did	
29. PHYSICIAN—SIGNATURE William A. Bartlett		30. NAME (type or print) William A. Bartlett		31. DEGREE or Title M.D.	
32. MAILING ADDRESS—PHYSICIAN 2860 Daggett St.		33. CITY or town Klamath Falls, Oregon		34. STATE Oregon	
35. BURIAL, CREMATION, REMOVAL, MAUS. (specify) 23a. Burial		36. CEMETERY OR CREMATORY—NAME 24b. Eternal Hills		37. LOCATION 24c. Klamath Falls, Oregon	
38. FUNERAL DIRECTOR—SIGNATURE 25a. [Signature]		39. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b. O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601		40. DATE (month, day, year) 24d. 4-18-77	
41. REGISTRAR—SIGNATURE 26a. [Signature]		42. DATE RECEIVED BY LOCAL REGISTRAR 26b. [Signature]		43. DATE RECEIVED BY STATE REGISTRAR 27. MAY 2 1977	
RESERVED FOR REGISTRAR'S USE					

VS-2 R-69

DATE ISSUED FEBRUARY 27 1978

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.

Sitem-T-A

STATE REGISTRAR

[Signature]

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 17th day of March A.D., 19 78 at 11:13 o'clock A M., and duly recorded in Vol. 78 of Deeds on Page 5178.

FEE \$3.00

WM. D. MILNE, County Clerk

By [Signature] Deputy