

48701

175

Local File Number

Vital Statistics Section

CERTIFICATE OF DEATH

Vol. 178 Page 10739

State File Number

DECEASED—NAME		FIRST	MIDDLE	LAST	DATE OF DEATH (MONTH, DAY, YEAR)
1		TRACY	WOODROW	ANDERSON	2 May 13, 1978
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		SEX	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)
1 White		4 Male	5A 64	5B 5C 5D	6 October 23, 1913
COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET & NO.)	
7A Klamath		7B Klamath Falls		7C Presbyterian Interc.	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8 Iowa		9 USA		10 Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
13 478 - 05 - 3827		14A Powerhouse Disp. - Ret.		14B Pacific Power & Light	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D.	
15A Oregon		15B Klamath	15C Klamath Falls	15D 4811 Onyx Street	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		INFORMANT—NAME AND RELATIONSHIP TO DECEASED	
16 Harry Wilbur Anderson		17 Mary R. Zollars		18 Alice V. Anderson - Wife	
BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
19A Burial		19B Eternal Hills Memorial Gardens		19C Klamath Falls, Oregon	
FURNERAL SERVICE LICENSEE OR PERSON ACTING AS NAME AND ADDRESS OF FACILITY					
20A James L. White 20B WARDS - 1945 Main St - Klamath Falls, Oregon 97601					
CERTIFICATION—MEDICAL EXAMINER					
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:					
DEATH OCCURRED (HOUR)		THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR)		FROM: NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/>	
21A 7:13 P.M.		21B May 13, 1978 / 7:13 P.M.		21C HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
CERTIFIER—SIGNATURE		NAME—(TYPE OR PRINT)		DEGREE OR TITLE	
21D George R. Nicholson		21E George R. Nicholson, M.D.			
MEDICAL EXAMINER FOR:		COUNTY		DATE SIGNED (MONTH, DAY, YEAR)	
21F KLAMATH		21G May 19, 1978			
DATE RECEIVED BY REGISTRAR (MO. DAY, YR.)		REGISTRAR			
22A May 19, 1978		22B (SIGNATURE) Marian Johnson			
23 IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))		INTERVAL BETWEEN ONSET AND DEATH	
PART I (A)		Massive Hemorrhage & Shock		min-hrs	
(B)		Rupture of Esophageal Varices		INTERVAL BETWEEN ONSET AND DEATH	
(C)		Arrhythmia of liver		years	
PART II OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)					
24 No					
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)		
25A May 13, 1978		25B 7:00P	25C Became ill at home and died in P.I.H. Em. Room		
(INJ. AT WORK (SPECIFY YES OR NO))		PLACE OF INJURY AT HOME, FARM, (SPECIFY) STREET, FACTORY, OFFICE BLDG., ETC.		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)	
25D No		25E At Home		25F 4811 Onyx St - Klamath Falls - Klamath - Ore	
RESERVED FOR REGISTRAR'S USE					

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

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.

MARJORIE S. CONER, Registrar Vital Statistics

By Marian Johnson Deputy Registrar
Date MAY 19 1978

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 22nd day of May A.D., 19 78 at 3:20 o'clock P M., and duly recorded in Vol. N78 of Deeds on Page 10739.

FEE \$3.00

WM. D. MILNE, County Clerk

By Barbara D. Ditch

Deputy