49507

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. M78 Page 11935

CERTIFICATE OF DEATH

Local File Number: 180

State File Number:

1 DECEASED—NAME: First Gertrude; Middle C.; Last O'Brien

2 DATE OF DEATH (month, day, year): May 20, 1978

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Female

5a AGE—Last birthday (years): 80

5b Under 1 year: months / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): March 23, 1898

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): Pres. Intercomm. Hospt.

7d IF HOSP OR NH, Inpatient or ER/DOA: Inpatient

8 STATE OF BIRTH (If not in U.S.A., name country): Minnesota

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Archibald W. O'Brien

12 WAS DECEASED EVER IN U.S. ARMED FORCES (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 540-78-7066

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker

14b KIND OF BUSINESS OR INDUSTRY: -

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 1422 Canby St. 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: Thomas W. Cameron

17 MOTHER—Maiden Name first middle last: Jessie Cattherine McLeod

18 INFORMANT—NAME and relationship to deceased: Archibald W. O'Brien

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or person acting As Such [Signature]: Mike Glass

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 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]: Kenneth K. Magee

21b DATE SIGNED [Mo., Day, Yr.]: 5-22-78

21c HOUR OF DEATH: 9:30 P. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Kenneth K. Magee M.D. Medical Dentl. Bld., Klamath Falls, Ore. 97601

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: MAY 22 1978

22b REGISTRAR [Signature]: Marian Peterman

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I
(a) Respiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(b) Cerebral Vascular Accident
DUE TO, OR AS A CONSEQUENCE OF:
(c) Cerebral Arteriosclerosis

Interval between onset and death: Minutes

Interval between onset and death: 15 Yrs

Interval between onset and death: Yrs

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Pneumonia & Organic Heart Disease

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	24 AUTOPSY [Specify Yes or No]	25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER [Specify Yes or No]
		M	No	No

26e INJURY AT WORK [Specify Yes or No]

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]

26d DESCRIBE HOW INJURY OCCURRED

26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

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 Marian Peterman Deputy Registrar

Date MAY 22 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

Return to N.W. Spinich 540 Main, Klamath Falls

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 5th day of June A.D., 19 78 at 3:15 o'clock P M., and duly recorded in Vol. M78 of Deeds on Page 11935.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha D. Felsch Deputy