49674

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

Vol. M78 Page 12174

2473
Local File Number

CERTIFICATE OF DEATH

State File Number

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	DOLORES KELLY JACKSON
2. DATE OF DEATH (month, day, year)	MAY 9, 1978
3. RACE White, Black, American Indian, etc. (specify)	BLACK 2
4. SEX	FEMALE
5a. AGE—Last birthday (years)	46
5b. Under 1 year (mos. / days)	
5c. Under 1 day (hours / min.)	
6. DATE OF BIRTH (month, day, year)	July 3, 1931
7a. COUNTY OF DEATH	Multnomah
7b. CITY, TOWN OR LOCATION OF DEATH	Portland
7c. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	Providence Medical Center
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)	Louisiana
9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	married
11. SPOUSE (IF MARRIED, WIDOWED)	Charles
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	no
13. SOCIAL SECURITY NUMBER	-
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Teacher
14b. KIND OF BUSINESS OR INDUSTRY	education- Klamath Falls Scho. Dist
15a. RESIDENCE—STATE	Oregon
15b. COUNTY	Klamath
15c. CITY, TOWN, OR LOCATION	Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP	3404 Raymond 97601
15e. Inside City Limits (specify yes or no)	yes
16. FATHER—NAME (first, middle, last)	Arthur Kelly
17. MOTHER—Maiden Name (first, middle, last)	Mildred Donaldson
18. INFORMANT—NAME and relationship to deceased	Mildred K. Marcelle sister
19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	burial / removal
19b. CEMETERY OR CREMATORY—NAME	Southern Memorial Gardens
19c. LOCATION (city or town, state)	Baton Rouge Lousiana
20a. FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)	Howard Ross
20b. NAME AND ADDRESS OF FACILITY	I1416A Ross Hollywood Chapel 4733 N.E. Thompson Portland, OR 97213

To be Completed by CERTIFYING PHYSICIAN Only

Field	Entry
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature)	David N. Gilbert, MD
21b. DATE SIGNED (Mo., Day, Yr.)	5/10/78
21c. HOUR OF DEATH	11:15 P.M.
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print)	David N. Gilbert, M.D., 700 N.E. 47th, Portland, Ore. 97213
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	MAY 12 1978
22b. REGISTRAR (Signature)	[signature]

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

	Cause	Interval between onset and death
PART I (a)	Respiratory Arrest	few minutes
DUE TO, OR AS A CONSEQUENCE OF: (b)	Chronic Intra-abdominal infection	3-4 months
DUE TO, OR AS A CONSEQUENCE OF: (c)	Multiple intestinal surgical procedures	3-4 months

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

24. AUTOPSY (Specify Yes or No): yes

25. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): no

26a. ACCIDENT (Specify Yes or No)	26b. DATE OF INJURY (Mo. Day Yr.)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED
		M	

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

VS 2 Rev. 1-78 P 65412

Return to
William P. Brandsness
411 Pine
Klam. Falls, Or.

DATE ISSUED MAY 25 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.

(STATE REGISTRAR)
[signature]

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 7th day of June A.D., 19 78 at 4:45 o'clock P M., and duly recorded in Vol. M78 of Deeds on Page 12174.

WM. D. MILNE, County Clerk
By [signature] Deputy

FEE $3.00