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247
Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

76-011064
State File Number

CERTIFICATE OF DEATH

DECEASED

Field	Entry
Decedent—Name (First, Middle, Last)	DEL FISHER JAMES
2. Date of Death (month, day, year)	July 12, 1976
3. Race (white, Negro, American Indian, etc.)	White
4. Sex	Male
5a. Age—last birthday (years)	74
6. Date of Birth (month, day, year)	September 26, 1901
County of Death	Klamath
7b. City, Town, or Location of Death	Klamath Falls
7c. Inside City Limits (specify yes or no)	Yes
7d. Hospital or Other Institution—Name (if not in either, give street and number)	227 Michiga[illegible]
State of Birth	Texas
Citizen of What Country	U.S.A.
Married, Never Married, Widowed, Divorced (specify)	Married
11. Name of Spouse	Gertrude James
Social Security Number	703 - 12 - 4109 A
Usual Occupation (give kind of work done during most of working life, even if retired)	Engineer - Retired
13b. Kind of Business or Industry	Southern Pacific RR
Residence—State	Oregon
14a. County	Klamath
City, Town, or Location	Klamath Falls
14c. Inside City Limits (specify yes or no)	Yes
14d. Street and Number or R.F.D.	227 Michigan St.
Father—Name (first, middle, last)	Joe Natt James
16. Mother—Maiden Name (first, middle, last)	Etta Perry
17. Informant—Name and relationship to deceased	Gertrude James - Wife

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

	Cause	Approximate interval between onset and death
Immediate cause (a)	Ruptured Aortic Aneurysm	< 24 hrs.
Due to, or as a consequence of (b)	Generalized Arteriosclerosis	
Due to, or as a consequence of (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

Autopsy (yes or no)	If yes were findings considered in determining cause of death
19a. Yes	19b. Yes

Accident, suicide, homicide (specify)	Date of Injury (month, day, year)	Hour	How Injury Occurred (enter nature of injury in part I or part II of item 18)
20a.	20b.	20c. M.	20d.

Injury at Work (specify yes or no)	Place of Injury—at home, farm, street, factory, office bldg., etc. (specify)	Location (street or R.F.D. No., city or town, county, state)
20e.	20f.	20g.

CERTIFIER

Certification—I attended the deceased from (month, day, year)	to (month, day, year)	And last saw him/her alive on (month, day, year)	Did/Did not view the body after death (specify)	Death occurred (hour)
21. 7 9 [illegible]	7 12 76	7/7/76	[illegible]	1:20 A M

at the place, on the date, and to the best of my knowledge, due to the cause(s) stated.

Physician Signature	Name (type or print)	Degree or Title	Date Signed (month, day, year)
22a. [signature]	22b. Charles D. Bury	M.D.	22c. July 16, 1976

Mailing Address—Physician: 2850 Daggett St. - Klamath Falls, Oregon 97601

BURIAL

Burial, Cremation, Removal (specify)	Cemetery or Crematory—Name	Location (city or town, state)	Date (mo., day, year)
24a. Mausoleum	24b. Eternal Hills	24c. Klamath Falls, Oregon	24d. July 14, '76

Funeral Director—Signature	Funeral Home—Name and Address (street, city or town, state, zip)
25a. [signature]	25b. WARD'S - 1945 Main - Klamath Falls, Oregon 97601

Registrar—Signature	Date Received by Local Registrar	Date Received by State Registrar
26a. [signature]	26b. JUL 16 1976	27. JUL 27 1976

Reserved for Registrar's Use

Glenn D. Lamiey P.O. Box [illegible]

DATE ISSUED July 26 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]

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 31st day of July A.D., 19 78 at 8:49 o'clock A M., and duly recorded in Vol M78, of Deeds on Page 16520.

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

FEE $3.00