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STATE OF OREGON — STATE BOARD OF HEALTH — Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number 200 — State File Number 78 — Vol. M 78 Page 16586

DECEASED

1. DECEASED—NAME: First AGNES Middle — Last BALDWIN
2. DATE OF DEATH (month, day, year): June 19, 1977
3. SEX: Female
4. RACE (White, Negro, American Indian, etc. (specify)): White
5. AGE—Last birthday (years): 56
5a. If under 1 year, months: —
5b. If under 1 day, hours: —
5c. If under 1 hour, minutes: —
6. DATE OF BIRTH (month, day, year): November 15, 1920
7. COUNTY OF DEATH: Klamath
7a. STATE OF BIRTH (If not in U.S.A., name country): Michigan
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): Presbyterian Intercommunity
8. SOCIAL SECURITY NUMBER: 372-12-9181
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Harry Baldwin
12. USUAL RESIDENCE (Where deceased lived. If death occurred in institution, give residence before admission): 1819 Oregon Avenue
12a. STREET AND NUMBER OR R.F.D.: 1819 Oregon Avenue
12b. Inside City Limits (specify yes or no): Yes
12c. INFORMANT—NAME and relationship to deceased: Harry Baldwin (Husband)
13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13a. KIND OF BUSINESS OR INDUSTRY: —
13b. STREET AND NUMBER: At home
14. CITY, TOWN, OR LOCATION: Klamath Falls
14a. COUNTY: Klamath
14b. RESIDENCE—STATE: Oregon
14c. RESIDENCE—CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
15. FATHER—NAME: first Walter middle — last Javorski
16. MOTHER—Maiden Name: first Mary middle — last Javenik
17. INFORMANT—NAME and relationship to deceased: Harry Baldwin (Husband)

CAUSE

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(a) immediate cause: [illegible]
(b) due to, or as a consequence of: [illegible]
(c) due to, or as a consequence of: [illegible]

Approximate interval between onset and death: —

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

18. ACCIDENT (specify yes or no): —
18a. DATE OF INJURY (month, day, year): —
18b. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): —
18c. HOUR: —
19. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): —
19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death: —

CERTIFIER

20. CERTIFICATION—PHYSICIAN: attended the deceased from: [illegible] month day year to [illegible] month day year. I last saw him/her alive on: [illegible] month day year. I did/did not view the body after death (specify): —
20a. DEATH OCCURRED (hour): 2:35 A.M.
20b. I pronounce death to occur at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
20c. LOCATION (street or R.F.D. No., city or town, county, state): —
20d. DATE SIGNED (month, day, year): [illegible]
21. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: [illegible] M.D.
22. MAILING ADDRESS—PHYSICIAN: [illegible] street
22a. NAME (type or print): John D. Herryman, M.D.
22b. [illegible] city or town state

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS (specify): Burial
24. CEMETERY OR CREMATORY—NAME: Eternal Hills
24a. FUNERAL DIRECTOR—SIGNATURE: [illegible]
24b. LOCATION: 203 Pine Street, Klamath Falls, Oregon 97601
24c. REGISTRAR—SIGNATURE: [illegible]
24d. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Klamath Falls, Oregon
24e. DATE (mo., day, year): June 23, 1977
25. [illegible] Klamath Funeral Home, Inc., Klamath Falls, Ore. 97601
25a. REGISTRAR—SIGNATURE: [illegible]
25b. DATE RECEIVED BY LOCAL REGISTRAR: [illegible]
26. DATE RECEIVED BY STATE REGISTRAR: —
27. —

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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 [illegible] Deputy Registrar

Date [illegible] 1977

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 11:57 o'clock A M., and duly recorded in Vol M78 of Deeds on Page 16586.

FEE $3.00

WM. D. MILNE, County Clerk

By [illegible] Deputy