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STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH -- PORTLAND
PUBLIC HEALTH SERVICE

STATE FILE NO. 67 000437

DATE RECEIVED FEB 10 1967

LOCAL REGISTRAR'S NUMBER 35

MARGIN RESERVED FOR BINDING - THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. SO WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

1. NAME OF DECEASED (Type or print all entries in black ink) — First: BESSIE; Middle: MAY; Last: HUNT

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN: 36 Years
D. NAME OF HOSPITAL OR OTHER (If not in hospital, give street address): Presbyterian Intercommunity Hospital

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC: 70 Pine Street

4. DATE OF DEATH (Month, Day, Year): January 27 1967
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: Married ☐ Widowed ☒ Divorced ☐ Never Married ☐
8. SOCIAL SECURITY NO.: 542-54-8988
9. USUAL OCCUPATION (Kind of work done during most of life): Housewife
10. KIND OF BUSINESS OR INDUSTRY: At home
11. NAME OF SPOUSE: —
12. DATE OF BIRTH (Month, Day, Year): October 1 1883
13. AGE LAST BIRTHDAY (Yrs.): 83
IF UNDER 1 YEAR (Months, Days) / IF UNDER 24 HOURS (Hours, Minutes)
14. BIRTHPLACE (State or Foreign Country): London, Ohio
15. WAS DECEASED A CITIZEN OF: ☒ U.S. ☐ Foreign Country (Name of Country)
16. IF DECEASED WAS A VETERAN (WHAT WAR): —
17. NAME OF FATHER: Samuel Lee Turner
18. MAIDEN NAME OF MOTHER: Amanda Carr
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Connie Whitt (Daughter)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B) AND (C))
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): ANEMIA, CAUSE UNDETERMINED — Interval Between Onset and Death (Years, days, hours, etc.): 2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B):
DUE TO (C):
PART II. Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a): Congestive Failure

21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☒ No ☐ Unknown
22. Was an Autopsy performed? ☐ Yes ☒ No
23. WAS DEATH RESULT OF: ☐ Accident ☐ Suicide ☐ Homicide
24. IF ACCIDENT, DID INJURY OCCUR: ☐ At Work ☐ Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City / County / State
27. DESCRIBE HOW INJURY OCoccurred.
26. TIME OF INJURY: Hour ___ A.M. P.M. Month Day Year

28. CERTIFICATE: I Certify that I (attended) the deceased from 1-27-67 (date) to 1-1-67 (date) and that the death occurred at 4:15a.m. from the causes and on the date stated above.
(Signature) M.D. Klamath Falls, Oregon (Address) JAN 2 [illegible] 1967 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE — 293X

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 1/30/67
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
30D. LOCATION (City or Town, State): Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 1-30-67
32. REGISTRAR'S SIGNATURE: Maxine Ackerman
33. FUNERAL DIRECTOR (Signature and Address): Klamath Falls, Oregon