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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH—PORTLAND
FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER: 281

STATE FILE NO. 4016
DATE RECEIVED APR 14 1953

334X

1. NAME OF DECEASED (TYPE OR PRINT): a. (First) Minnie b. (Middle) Matilda c. (Last) Theroux

2. PLACE OF DEATH
- a. COUNTY: Klamath
- b. CITY OR TOWN (If outside corporate limits, write RURAL location): Klamath Falls
- c. LENGTH OF STAY (in this place): 10 years
- d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillside Hospital

3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
- a. STATE: Oregon
- b. COUNTY: Klamath
- c. CITY OR TOWN (If outside corporate limits, write RURAL): Klamath Falls
- d. STREET ADDRESS (If rural, give location): 3145 Cannon

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1953

5. SEX: Female

6. COLOR OR RACE: White

7a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

7b. NAME OF HUSBAND OR WIFE: Louis

8. DATE OF BIRTH: Nov. 26, 1873

9. AGE (In years last birthday): 79 — If Under 1 Year: Months / Days — If Under 24 Hrs.: Hours / Min.

10. BIRTHPLACE (State or foreign country): Galena, Illinois

11. CITIZEN OF WHAT COUNTRY? USA

12. FATHER'S NAME: (no record) Mann

13. MOTHER'S MAIDEN NAME: (no record) Hodgins

14a. USUAL OCCUPATION: Housewife

14b. KIND OF BUSINESS OR INDUSTRY: At home

15. IF VETERAN, NAME WAR: No

16. INFORMANT'S OWN SIGNATURE: Elaine Theroux

17. SOCIAL SECURITY NO.: None

18. CAUSE OF DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Arterio sclerosis - cerebral thrombosis	Several weeks
ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)	DUE TO (b) Hypertension	many years
	DUE TO (c) Heart cardiac decompensation	1942
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)	Slight [illegible] nephritis	1949

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 11 1948 TO Apr 2 1953 THAT I LAST SAW THE DECEASED ALIVE ON Apr 2 1953 AND THAT DEATH OCCURRED AT 1:40 p.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23a. SIGNATURE: [illegible] Massey (Degree or title) M.D.

23b. ADDRESS: Klamath Falls, Oregon

23c. DATE SIGNED: Apr 3, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/6/53

24c. NAME OF CEMETERY OR CREMATORY: Klamath Memorial Park

24d. LOCATION (City, town, or county) (State): Klamath Falls, Oregon

DATE REC'D BY LOCAL REGISTRAR: 4-1-53

REGISTRAR'S SIGNATURE: Emily Bell

25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] W. Ward

ADDRESS: Klamath Falls, Oregon