STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

113 (Local File Number) — '77-005514 (State File Number)

1. DECEASED—NAME (First / Middle / Last)	BESSIE / LEE / CARSON	2. DATE OF DEATH (month, day, year)	April 14, 1977
3. RACE (White, Negro, American Indian, etc. (specify))	White	4. SEX	Female
5a. AGE—Last birthday (years)	89	5b. Under 1 year (mos. / days)	
5c. Under 1 day (hours / min.)		6. DATE OF BIRTH (month, day, year)	February 7, 1888
7a. 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)	Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A. name country)	Missouri	9. CITIZEN OF WHAT COUNTRY	USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married	11. NAME OF SPOUSE	George Carson
12. SOCIAL SECURITY NUMBER	446 - 03 - 2002	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Housewife
13b. KIND OF BUSINESS OR INDUSTRY	At home		
14a. RESIDENCE—STATE	Oregon	14b. COUNTY	Klamath
14c. CITY, TOWN, OR LOCATION	Klamath Falls	14d. Inside City Limits (specify yes or no)	No
14e. STREET AND NUMBER OR R.F.D.	2905 Kane Street		
15. FATHER—NAME (first middle last)	John - Speck	16. MOTHER—Maiden Name (first middle last)	Emma Canfield
17. INFORMANT—NAME and relationship to deceased	Ruby Ralston (Step-daughter)		

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

		approximate interval between onset and death
18. Immediate cause (a)	Congestive heart failure	2 days
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) due to, or as a consequence of:	Arteriosclerotic heart disease	10 yrs
(c)		

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

19a. AUTOPSY (yes or no)	No	19b. IF YES were findings considered in determining cause of death	
20a. ACCIDENT (specify yes or no)		20b. DATE OF INJURY (month, day, year)	
20c. HOUR		20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)	
20e. INJURY AT WORK (specify yes or no)		20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	
20g. LOCATION (street or R.F.D. No., city or town, county, state)			

21. CERTIFICATION—PHYSICIAN: I attended the deceased from:	month: 6	day: 26	year: 70	TO month: 4	day: 14	year: 77
And Last Saw Him/Her Alive on: month	day	year: 4-14-77	I Did (Did Not) view the body after death (specify)	DEATH OCCURRED (hour) 11:30 P.M.	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.	

22a. PHYSICIAN—SIGNATURE: Mark S. Kochevar M.D.
22b. NAME (type or print): Mark S. Kochevar, M.D. degree or title
22c. DATE SIGNED (month, day, year): 4/15-77
23. MAILING ADDRESS—PHYSICIAN (street / city or town / state / zip): 1905 Main Street, Klamath Falls, Oregon 97601

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Burial	24b. CEMETERY OR CREMATORY—NAME	Mt. Lake Cemetery
24c. LOCATION (city or town, state)	Klamath Falls, Oregon	24d. DATE (mo., day, year)	Apr. 18, 1977
25a. FUNERAL DIRECTOR—SIGNATURE		25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)	Heard's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE		26b. DATE RECEIVED BY LOCAL REGISTRAR: APR	27. DATE RECEIVED BY STATE REGISTRAR: MAY 3 1977

RESERVED FOR REGISTRAR'S USE
28.

VS-2 R-69

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

DATE ISSUED: Nov. 21 1978

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

STATE OF OREGON, COUNTY OF KLAMATH, ss.

I hereby certify that the within instrument was received and filed for record on the 29th day of November A.D., 19 78 at 10:59 o'clock A. M., and duly recorded in Vol M-78, of Deeds on Page 26793.

FEE $3.00

WM. D. MILNE, County Clerk

By Jacqueline L. Metlen Deputy