K-31355

Vol M79 Page 1923

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

168
Local File Number

61535

State File Number

DECEASED

1. DECEASED—NAME First: Mildred Middle: Grace Last: Plumb
2. DATE OF DEATH (month, day, year): May 6, 1972
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 84
5b. Under 1 year mos. days
5c. Under 1 day hours min.
6. DATE OF BIRTH (month, day, year): June 27, 1887
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Bonanza
7c. Inside City Limits (specify yes or no): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Rt. #1 Box 508
8. STATE OF BIRTH (If not in U.S.A., name country): Nebraska
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: D'Donald Plumb
12. SOCIAL SECURITY NUMBER: 531-22-6382
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: Home

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Bonanza
14d. Inside City Limits (specify yes or no): no
14e. STREET AND NUMBER OR R.F.D.: Rt. #1 Box 508
15. FATHER—NAME first middle last: Unknown
16. MOTHER—Maiden Name first middle last: Unknown
17. INFORMANT—NAME and relationship to deceased: D'Donald Plumb: Husband

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

(a) immediate cause: Coronary occlusion — 1 day

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 — 20 years

(c) due to, or as a consequence of: Congestive failure 1 year

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

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 M.
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)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from 7/10/71 to 1/14/72. And Last Saw Him/Her Alive on: 1/14/72. I Did/Did Not view the body after death (specify): did not. DEATH OCCURRED (hour): 7:45 AM at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: [signature] M.D.
22b. NAME (type or print): A. Ivan Thompson degree or Title: MD
22c. DATE SIGNED (month, day, year): 5/7/72
23. MAILING ADDRESS—PHYSICIAN: 1905 Main St. (street) Klamath Falls, (city or town) Oregon (state) 97601 (zip)

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
24b. CEMETERY OR CREMATORY—NAME: Ashland Crematorium
24c. LOCATION city or town state: Ashland, Oregon
24d. DATE (mo., day, year): May 7, 1972
25a. FUNERAL DIRECTOR—SIGNATURE: [signature] #314
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Oregon 97601
26a. REGISTRAR—SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: MAY 8 1972
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

'79 JAN 23 AM 10 45

VS-2 R-69

Original

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.

NEIL BLACK, M.D., Registrar Vital Statistics

(SEAL)

By [signature], Deputy Registrar

Date MAY 15 1972 19

VOID IF ALTERED

Return
Robert Thomas
930 Klamath Ave
Klamath Falls, Oregon
97601

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 23rd day of January A.D., 19 79 at 10:45 o'clock A M., and duly recorded in Vol. M79, of Deeds on Page 1923.

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $3.00