

66085

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. M 79 Page 3736

4500 303

STATE FILE NUMBER 66085		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 4500 303	
1A. NAME OF DECEDENT—FIRST Jessie		1B. MIDDLE Mae	
3. SEX Female		4. RACE Cauc	
5. ETHNICITY American		6. DATE OF BIRTH July 20, 1904	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Arkansas		9. NAME AND BIRTHPLACE OF FATHER Henry Mc Ghee - Texas	
11. CITIZEN OF WHAT COUNTRY United States		12. SOCIAL SECURITY NUMBER 540 12 7578	
15. PRIMARY OCCUPATION Housewife		17. EMPLOYED (IF SELF-EMPLOYED, SO STATE) Self Employed	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) P. O. Box 462		19B. CITY OR TOWN Klamath	
19C. COUNTY Oregon		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Betty Horton - Dau. 2221 Deerfield Ave. Redding, Ca. 96001	
21A. PLACE OF DEATH 2221 Deerfield Ave.		21B. CITY OR TOWN Redding	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Cardiopulmonary arrest (B) Arteriosclerotic Heart Disease (C) Chronic Obstructive Lung Disease		24. WAS DEATH REPORTED TO CORONER? Yes	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH Chronic Obstructive Lung Disease		25. WAS BICUPY PERFORMED? No	
26. WAS AUTOPSY PERFORMED? No		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? No	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER NO. DA. 18-7) 12-23-78 (ENTER NO. DA. 18-7) 3-13-79		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Russell J. Mann, M.D.	
29. SPECIFY ACCIDENT, SUICIDE, ETC. None		30. PLACE OF INJURY 2205 Court Street, Redding, Ca.	
31. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 2205 Court Street, Redding, Ca.		32A. DATE OF INJURY—MONTH DAY YEAR 4/25	
32B. HOUR 10 am		33. CORONER—SIGNATURE AND DEGREE OR TITLE James Allen	
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) None		35. CORONER'S LICENSE NUMBER AND SIGNATURE 6032727	
36. DISPOSITION Burial		37. DATE—MONTH, DAY, YEAR 27 April 79	
40. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH Allen & Dahl Funeral Chapel		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Klamath Falls Mem. Park, Klamath Falls, Ore.	
STATE REGISTRAR VS-11 (5-70)		42. DATE ACCEPTED BY LOCAL REGISTRAR APR 26 1979	

CERTIFICATION STATEMENT

This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named decedent as registered in this office.

DATED: APR 26 1979

James Allen
Box 462
Chiloquin, Ore. 97624

Kathleen E. Hunter
Deputy Registrar of Vital Statistics
Shasta County Health Department
2650 Hospital Lane
Redding, Ca. 96001

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 30th day of April A.D., 19 79 at 1:45 o'clock P M., and duly recorded in Vol. M79 of Deeds on Page 9736.

FEE \$3.00

WM. D. MILNE, County Clerk
By *Bernice A. Hirsch* Deputy