

Vol. 79 Page 12781

**Local File Number**

State File Number

DECEASED—NAME		First		Middle		Last		State File Number	
1. <b>Ray</b>		<b>Melvin</b>		<b>Porter</b>		DATE OF DEATH (month, day, year) 2. <b>February 3, 1973</b>			
RACE White, Negro, American Indian, etc. (specify) 3. <b>white</b>		SEX 4. <b>male</b>		AGE—Last birthday (years) 5a. <b>62</b> 5b. <b>72</b>		Under 1 year 5c. <b>yes</b>		Under 1 day 5d. <b>yes</b>	
6. <b>December 8, 1910</b>		DATE OF BIRTH (month, day, year)		7a. <b>yes</b>		7b. <b>yes</b>		7c. <b>yes</b>	
COUNTY OF DEATH 7a. <b>Multnomah</b>		CITY, TOWN, OR LOCATION OF DEATH 7b. <b>Portland</b>		INSIDE CITY LIMITS (specify yes or no) 7c. <b>yes</b>		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7d. <b>Veterans Administration</b>		NAME OF SPOUSE 11. <b>Lottie May Porter</b>	
STATE OF BIRTH (if not in U.S.A., name country) 8. <b>Norton, Kansas</b>		CITIZEN OF WHAT COUNTRY 9. <b>United States</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. <b>married</b>		KIND OF BUSINESS OR INDUSTRY 13b. <b>farming</b>		STREET AND NUMBER OR R.F.D. 14c. <b>1411 Pleasant Street</b>	
SOCIAL SECURITY NUMBER 12. <b>541 18 2617</b>		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. <b>laborer</b>		13b. <b>farming</b>		13c. <b>farming</b>		13d. <b>farming</b>	
RESIDENCE—STATE 14a. <b>Oregon</b>		COUNTY 14b. <b>Klamath</b>		CITY, TOWN, OR LOCATION 14c. <b>Klamath Falls</b>		INSIDE CITY LIMITS (specify yes or no) 14d. <b>yes</b>		14e. <b>yes</b>	
FATHER—NAME first middle last 15. <b>Pearl Porter</b>		MOTHER—Maiden Name first middle last 16. <b>Alma C Sholdess</b>		INFORMANT—NAME and relationship to deceased 17. <b>Hospital Records</b>		17. <b>Hospital Records</b>		17. <b>Hospital Records</b>	
PART I DEATH WAS CAUSED BY: 18. <b>Pulmonary hemorrhage and edema</b>		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))		approximate interval between onset and death		approximate interval between onset and death		approximate interval between onset and death	
CAUSE		(a) <b>Pulmonary hemorrhage and edema</b>		(b) <b>Associated with chronic obstructive pulmonary emphysema, severe.</b>		(c) <b>due to, or as a consequence of:</b>		(d) <b>due to, or as a consequence of:</b>	
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)		AUTOPSY (yes or no) 19. <b>yes</b>		IF YES were findings considered in determining cause of death 19b. <b>yes</b>		19b. <b>yes</b>		19b. <b>yes</b>	
ACCIDENT (specify yes or no) 20a. <b>No</b>		DATE OF INJURY (month, day, year) 20b. <b>No</b>		HOUR 20c. <b>M.</b>		HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d. <b>No</b>		20d. <b>No</b>	
INJURY AT WORK (specify yes or no) 20e. <b>No</b>		PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f. <b>No</b>		LOCATION (street or R.F.D. No., city or town, county, state) 20g. <b>No</b>		20g. <b>No</b>		20g. <b>No</b>	
CERTIFICATION—PHYSICIAN: I attended the deceased from: 21. <b>January 12, 1973 to February 3, '73</b>		month day year		month day year		And Last Saw Him/Her Alive on: month day year 21. <b>February 3, '73</b>		I Did/Did Not view the body after death (specify) 21. <b>did</b>	
DEATH OCCURRED (hour) 21. <b>8:55 p.m.</b>		at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.		21. <b>8:55 p.m.</b>		21. <b>8:55 p.m.</b>		21. <b>8:55 p.m.</b>	
PHYSICIAN—SIGNATURE 22a. <b>C. L. Chester</b>		NAME (type or print) 22b. <b>C. L. CHESTER, M. D.</b>		degree or title 22c. <b>February 5, 1973</b>		22c. <b>February 5, 1973</b>		22c. <b>February 5, 1973</b>	
MAILING ADDRESS—PHYSICIAN 22. <b>Veterans Administration Hospital, Sam Jackson Park, Portland, Oregon 97207</b>		street		city or town		state		zip	
BURIAL, CREMATION, REMOVAL, MAUS (specify) 24a. <b>Burial</b>		CEMETERY OR CREMATORY—NAME 24b. <b>Knox Butte Cemetery</b>		LOCATION 24c. <b>Albany Oregon</b>		state		DATE (mo., day, year) 24d. <b>2-2-9-73</b>	
FUNERAL DIRECTOR—SIGNATURE 25a. <b>Asum Funeral Home</b>		FUNERAL HOME—NAME AND ADDRESS 25b. <b>805 S. Ellsworth, Albany, Oregon 97321</b>		street		city or town		state	
REGISTRAR—SIGNATURE 26a. <b>FEB 9 1973</b>		DATE RECEIVED BY LOCAL REGISTRAR 26b. <b>FEB 9 1973</b>		DATE RECEIVED BY STATE REGISTRAR 27. <b>FEB 9 1973</b>		27. <b>FEB 9 1973</b>		27. <b>FEB 9 1973</b>	
RESERVED FOR REGISTRAR'S USE 28. <b>Item #5a corrected per supplemental 2/9/73</b>		28. <b>Item #5a corrected per supplemental 2/9/73</b>		28. <b>Item #5a corrected per supplemental 2/9/73</b>		28. <b>Item #5a corrected per supplemental 2/9/73</b>		28. <b>Item #5a corrected per supplemental 2/9/73</b>	

VS-2 R-69

Ret:- Lattie May Porter  
1411 - Pleasant  
City

Date FEB 9 1973

STATE OF OREGON )  
COUNTY OF MULTNOMAH )

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

(Seal)

By

### Register of Vital Statistics

Deputy Registrar of Vital Statistics

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 4th day of June A.D., 19 79 at 10:23 o'clock A M., and duly recorded in Vol. 179, of Deeds on Page 12781.

FEE \$3.00

WM. D. MILNE, County Clerk  
By Desiree W. Hatch Deputy