Return to KCT.
K-3471

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Vol. M79 Page 23026

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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number

'79 002066
State File Number

Field	Entry
1. Deceased—Name (First, Middle, Last)	Jesse D. Knighten
2. Date of Death (month, day, year)	2-7-1970
3. Race	White
4. Sex	Male
5a. Age—Last birthday (years)	72
6. Date of Birth (month, day, year)	3-5-1897
7a. County of Death	Josephine
7b. City, Town, or Location of Death	Grants Pass
7c. Inside City Limits (specify yes or no)	Yes
7d. Hospital or Other Institution—Name	Southern Oregon Hospital
8. State of Birth	Oregon
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced (specify)	Married
11. Name of Spouse	Unknown
12. Social Security Number	561-01-361
13a. Usual Occupation (give kind of work done during most of working life, even if retired)	Driver
13b. Kind of Business or Industry	Transportation
14a. Residence—State	Oregon
14b. County	Josephine
14c. City, Town, or Location	Cave Junction
14d. Inside City Limits (specify yes or no)	No
14e. Street and Number or R.F.D.	622 Caves Hiway
15. Father—Name (First, Middle, Last)	Jesse L. Knighten
16. Mother—Maiden Name (First, Middle, Last)	Burch, Melvina
17. Informant—Name and relationship to deceased	Roger Eagers (Nephew)

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

	Cause	Approximate interval between onset and death
(a) Immediate cause	Broncho pneumonia	3 days
(b) Due to, or as a consequence of	Hemiplegia	3 years
(c) Due to, or as a consequence of	Cerebrovascular disease	5 yrs

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, Suicide, Homicide, or Undetermined (specify):
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):

21a. Certification—Physician: Attended the deceased from (month day year) Aug 1 1964 to (month day year) Feb 7 1970
21b. And Last Saw Him/Her Alive on (month day year): Feb 7, 1970
21c. I Did/Did Not view the body after death (specify):
21d. Death Occurred (hour): 11:35 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. Physician—Signature: C. Versteeg MD
22b. Name (type or print): C. N. Versteeg
Degree or Title: M.D.
22c. Date Signed (month, day, year): 2-18-1970
23. Mailing Address—Physician: (street) (city or town) Cave Junction (state) Oregon (zip)

24a. Burial, Cremation, Removal, Other (specify): Burial
24b. Cemetery or Crematory—Name: I.O.O.F. Cemetery
24c. Location (city or town, state): Grants Pass Oregon
24d. Date (mo., day, year): 2-10-1970
25a. Funeral Director—Signature: [signature]
25b. Funeral Home—Name and Address (street, city or town, state, zip): L.B. Hall Funeral Home 5th & C Sts. Grants Pass, Ore. 97526
26a. Registrar—Signature: Nina Clayton, Deputy
26b. Date Received by Local Registrar: Feb. 19, 1970
27. Date Received by State Registrar: MAR - 3 1970
28. Reserved for Registrar's Use

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STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED Aug. 23 1979

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.

Mervin C. Hamm
STATE REGISTRAR

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 28th day of September A.D., 1979 at 11:50 o'clock A M., and duly recorded in Vol M79 of Deeds on Page 23026

WM. D. MILNE, County Clerk
By Bernetha G. Letsch Deputy

FEE $3.50