

78401

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics SectionVol. 79 Page 29180

CERTIFICATE OF DEATH

TYPE
PRINT
IN
ANALYST
BOOK
FOR
BOOK

IDENT

DEATH
CERTIFIED IN
HOSPITAL,
AND BOOK
AND BOOK
SECTION OF
FILE ITEMS

POSITION

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CONDITIONS
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DECEASED—NAME First Middle Last ERMA V. WILSON		DATE OF DEATH (month, day, year) December 12, 1979	
1 RACE White, Black, American Indian, etc. (specify) White	2 SEX Female	3 AGE—Last birthday (years) 73	4 DATE OF BIRTH (month, day, year) November 19, 1906
5 COUNTY OF DEATH Klamath	6 CITY, TOWN OR LOCATION OF DEATH Klamath Falls	7 HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) West Medical Center	8 IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify) Inpatient
9 STATE OF BIRTH (if not in U.S.A., name country) Ohio	10 CITIZEN OF WHAT COUNTRY U.S.A.	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	12 SPOUSE (IF MARRIED, WIDOWED) Thomas F.W. Wilson
13 SOCIAL SECURITY NUMBER 555 - 09 - 1111	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Clerk/Typist	14b KIND OF BUSINESS OR INDUSTRY Manufacturing	
15a RESIDENCE—STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Sprague River	15d STREET AND NUMBER OR R.F.D., ZIP P.O. Box 21 97639
16 FATHER—NAME first middle last William - Higgs	17 MOTHER—Maiden Name first middle last Laura A. Edie	18 INFORMANT—NAME and relationship to deceased Thomas F.W. Wilson, Husband	
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	19b CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	19c LOCATION city or town state Klamath Falls, Oregon	
20a FUNERAL SERVICE LICENSEE or person Acting As Such (Signature) William J. Davenport	20b NAME AND ADDRESS OF FACILITY DAVENPORT'S CHAPEL OF THE GOOD SHEPHERD, 6420 South Sixth Street, Klamath Falls, Oregon 97601		
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, (Signature) Blake D. Berven		21b DATE SIGNED (Mo., Day, Yr.) DEC 14 1979	21c HOUR OF DEATH 4:30 P.M.
21d CERTIFIER—NAME AND TITLE (Type or print) Blake D. Berven, MD, 905 Main Street, Klamath Falls, Oregon 97601		21e MAILING ADDRESS (Street, city or town, state, zip)	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEC 14 1979		22b REGISTRAR (Signature) Marian Ackerman	
23 PART I IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] (a) Pneumonia (b) CVA (c) ASHD		Interval between onset and death 2 wks 3 wks	
24 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) ASHD		AUTOPSY (Specify Yes or No) No WAS CASE REFERRED TO MEDICAL EXAMINER No	
25a ACCIDENT (Specify Yes or No)	25b DATE OF INJURY (Mo., Day, Yr.)	25c HOUR OF INJURY	25d DESCRIBE HOW INJURY OCCURRED
26a INJURY AT WORK (Specify Yes or No)	26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26c LOCATION	26d STREET OR R.F.D. NO. CITY OR TOWN STATE
26e			

RESERVED FOR REGISTRAR'S USE

Crane & Bailey
540 Main

VS-2 Rev-8-78 P-65412

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 Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar
Date DEC 14 1979

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES
STATE OF OREGON; COUNTY OF KLAMATH; ss.I hereby certify that the within instrument was received and filed for record on the 20th day of December A.D., 19 79 at 10:24 o'clock A M., and duly recorded in Vol. 179 of Deeds on Page 29180.

FEE \$3.50

WM. D. MILNE, County Clerk

By Lincoln Shillock Deputy