

81121

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1 Clive Walter McPherson			DATE OF DEATH (month, day, year) 2 February 18, 1980		
RACE White, Black, American Indian, etc. (specify) 3 White		SEX 4 Male	AGE—Last birthday (years) 5a 69	Under 1 year 5b mos. days	Under 1 day 5c hours min.
COUNTY OF DEATH 7a Klamath		CITY, TOWN OR LOCATION OF DEATH 7b Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in slip, give street and number) 7c Merle West Medical Center	
STATE OF BIRTH (If not in U.S.A., name country) 8 Wisconsin		CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Pearl McPherson	
SOCIAL SECURITY NUMBER 13 546-12-7765		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Truck Driver		KIND OF BUSINESS OR INDUSTRY 14b Commercial Freight	
RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Merrill	STREET AND NUMBER OR R.F.D., ZIP 15d P.O. Box 511 97633		Inside City Limits (specify yes or no) 15e Yes
FATHER—NAME first middle last 16 Jabez B. McPherson		MOTHER—Maiden Name first middle last 17 Elizabeth Foss		INFORMANT—NAME and relationship to deceased 18 Pearl McPherson, Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Merrill I.O.O.F. Cemetery		LOCATION city or town state 19c Merrill, Oregon	
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) 20a <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) 21b 2/19/80		HOUR OF DEATH 21c 12:35 P. M.	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d F. Geoffrey Marx M.D. Medical Dentl. Bld., Klamath Falls, Oregon 97601					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a FEB 19 1980		REGISTRAR 22b (Signature) <i>[Signature]</i>			
PART I IMMEDIATE CAUSE (a) Gastrointestinal Bleeding		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). (b) Probable Esophageal Varices		Interval between onset and death 4 ds.	
(c) Cirrhosis				Interval between onset and death 3 mo. Plus	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Diabetes Myelofibrosis		AUTOPSY (Specify Yes or No) 24 Yes		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No) No	
ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d		
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO. CITY OR TOWN STATE		

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 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 *[Signature]* Deputy Registrar
Date **FEB 19 1980**

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 25th day of February A.D., 1980 at 1:33 o'clock P M., and duly recorded in Vol. 1780 of Records on Page 3651.

FEE \$3.50

WM. D. MILNE, County Clerk

By *[Signature]* Deputy