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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

73-005368

DECEASED NAME: JENNINGS DEE LOWMAN
DATE OF DEATH: March 11, 1973
1. RACE: Caucasion
2. SEX: male
3. AGE: 76
4. DATE OF BIRTH: December 21, 1896
5. COUNTY OF DEATH: Washington
6. CITY, TOWN, OR LOCATION OF DEATH: Portland
7. Inside City Limits: no
8. HOSPITAL OR OTHER INSTITUTION—NAME: St. Vincent's Hospital
9. STATE OF BIRTH: Pennsylvania
10. CITIZEN OF WHAT COUNTRY: USA
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: married
12. NAME OF SPOUSE: Jessie Lowman
13. SOCIAL SECURITY NUMBER: 532-32-7989
14. USUAL OCCUPATION: Officer
15. KIND OF BUSINESS OR INDUSTRY: Military-government
16. RESIDENCE: STATE: Washington
17. COUNTY: Clark
18. CITY, TOWN, OR LOCATION: Vancouver
19. Inside City Limits: yes
20. STREET AND NUMBER OR R.F.D.: 5004 Eureka Way
21. FATHER NAME: Thomas Gilmore Lowman
22. MOTHER Maiden Name: Emma Elizabeth Dorn
23. INFORMANT—NAME and relationship to deceased: Jessie Lowman (Wife)

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

		Approximate interval between onset and death
(a)	Pneumonia, bilateral, due to	1 week.
(b)	Emphysema, severe, chronic	5-10 years.
(c)	Prostatic hyperplasia with multiple bladder calculi	Yrs.

PART II. OTHER SIGNIFICANT CONDITIONS (conditions contributing to death but not related to cause given in Part I (a))

24. AUTOPSY (yes or no): 24a. no
25. IF YES were findings considered in determining cause of death: 25b.
26. ACCIDENT, INJURY AT WORK, DATE OF INJURY, HOUR, PLACE OF INJURY, HOW INJURY OCCURRED, LOCATION:
27. CERTIFICATION—PHYSICIAN: I attended the deceased from Sept. 19[illegible] to March 11, 73. And Last Saw Him/Her Alive on 3/10/73. I Did/Did Not view the body after death (specify): Did not. DEATH OCCURRED (hour): 9:15 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
28. PHYSICIAN SIGNATURE: [signature] NAME (Type or print): [illegible] Montgomery, degree or Title: M.D., DATE SIGNED: 3/14/73
29. MAILING ADDRESS—PHYSICIAN: [illegible] Portland, Oregon, 97210
30. BURIAL, CREMATION, REMOVAL MAUS. (specify): Mausoleum
31. CEMETERY OR CREMATORY—NAME: Riverview Abbey Mausoleum
32. LOCATION: Portland, Oregon
33. DATE (mo., day, year): March 14, 1973
34. FUNERAL DIRECTOR—SIGNATURE: [signature]
35. FUNERAL HOME—NAME AND ADDRESS: Evergreen Funeral Chapel 1401 Main St. Vancouver, Wn. 98660
36. REGISTRAR—SIGNATURE: [signature]
37. DATE RECEIVED BY LOCAL REGISTRAR: March 20 1973
38. DATE RECEIVED BY STATE REGISTRAR: APR - 4 1973
39. RESERVED FOR REGISTRAR'S USE

VS 2 R-69

BOIVIN & BOIVIN
ATTORNEYS AT LAW
110 NORTH SIXTH STREET
KLAMATH FALLS, OREGON 97601

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED July 27 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.

STATE REGISTRAR

Melvin C. Haun

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 26th day of February A.D., 19 80 at 2:40 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 3723.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha A. Ketrick Deputy