AFTER RECORDING, RETURN TO:

NEAL G. BUCHANAN, ATTORNEY AT LAW
210 NORTH FOURTH STREET
KLAMATH FALLS OR 97601

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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

State File Number

DECEASED

1. Name (first, middle, last): MADALENE E. ARMSTRONG
2. DATE OF DEATH (month, day, year): September 19, 1974
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—last birthday (years): 62
5b. Under 1 Year (mos., days):
5c. Under 1 Day (hours, min.):
6. DATE OF BIRTH (month, day, year): April 18, 1912
7a. COUNTY OF DEATH: Jackson
7b. CITY, TOWN, OR LOCATION OF DEATH: Medford
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Rogue Valley Memorial Hospital
8. STATE OF BIRTH (if not in U.S.A. name of country): California
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: William Armstrong
12. SOCIAL SECURITY NUMBER: 569-28-5336
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Home maker
13b. KIND OF BUSINESS OR INDUSTRY: Own Home

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Jackson
14c. CITY, TOWN, OR LOCATION: Central Point
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR RFD: 46 Bigham Drive
15. FATHER—NAME (first, middle, last): Harvey Hopper
16. MOTHER—Maiden Name (first, middle, last): Marcella Violet Minton
17. INFORMANT—NAME and relationship to deceased: William Armstrong--Widower

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
Immediate Cause
(a) Arteriosclerotic Heart Disease
due to, or as a consequence of:
(b)
due to, or as a consequence of:
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

approximate interval between onset and death: Years

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:

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year): None
20b. HOUR: --- M.
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): ------------
20d. INJURY AT WORK (specify yes or no): No
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): --------
20f. LOCATION (street or R.F.D. No., city or town, county, state): -----------

CERTIFICATION—MEDICAL INVESTIGATOR:
I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:

21a. DEATH OCCURRED (hour): 10:10 P. M.
21b. THE DECEDENT WAS PRONOUNCED DEAD (month, day, year, hour): 9 19 1974 10:10 PM.
21c. FROM: Natural Causes [X] Homicide [ ] Accident [ ] Undetermined [ ] Suicide [ ] Pending [ ]

CERTIFIER

22a. CERTIFIER—SIGNATURE: AR Kearns
22b. NAME—(type or print): Albert R. Kearns, M.D. (Degree or Title)
MEDICAL ~~INVESTIGATOR~~ Examiner: FOR: Jackson COUNTY
23. DATE SIGNED (month, day, year): 9/26/74

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Siskiyou Memorial Park
24c. LOCATION (city or town, state): Medford, Oregon
24d. DATE (month, day, year): Sept. 23, 1974
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Siskiyou Funeral Service, 2100 Siskiyou Blvd., Medford, Ore.
26a. REGISTRAR—SIGNATURE: AR Kearns MD
26b. DATE RECEIVED BY LOCAL REGISTRAR: 9/26/74
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

VS-107 R-70

ORIGINAL — VITAL STATISTICS COPY

...E OF OREGON

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

...certifies that the foregoing is a correct and complete transcript of a record of ...on file with the Jackson County Health Department.

(SEAL)

AR Kearns MD
Registrar, Vital Statistics
By Charlotte R. Sutherland, Deputy

Date 9/26, 1974

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 April A.D., 19 80 at 4:21 o'clock P M., and duly recorded in Vol M80' of Deeds on Page 6365.

FEE $3.50

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