STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

138
Local File Number

CERTIFICATE OF DEATH

'73-005963
State File Number

DECEASED—NAME: First JEWELL Middle OLA Last AUSTIN

1 RACE (White, Negro, American Indian, etc. (specify)): White
2 DATE OF DEATH (month, day, year): April 19, 1973
3 SEX: Female
4 AGE—Last birthday (years): 62
5a Under 1 year: months / days
5b Under 1 day: hours / min.
5c DATE OF BIRTH (month, day, year): December 7, 1910
6 COUNTY OF DEATH: Klamath
7a CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7b Inside City Limits (specify yes or no): Yes
7c HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Ponderosa Nursing Home
7d STATE OF BIRTH (If not in U.S.A., name country): Oklahoma
8 CITIZEN OF WHAT COUNTRY: USA
9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
10 NAME OF SPOUSE: Bruce M. Austin
11 SOCIAL SECURITY NUMBER: 465-20-8772
12 USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13a KIND OF BUSINESS OR INDUSTRY: At home
13b RESIDENCE—STATE: Oregon
14a COUNTY: Klamath
14b CITY, TOWN, OR LOCATION: Klameth Falls
14c Inside City Limits (specify yes or no): Yes
14d STREET AND NUMBER OR R.F.D.: 135 North Wendling
14e FATHER—NAME first middle last: James Monroe Allen
15 MOTHER—Maiden Name first middle last: Anna Nora Taylor
16 INFORMANT—NAME and relationship to deceased: Ralph H. Hensley (Son)
17

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

18 Immediate cause (a): Cardiac Arrest — approximate interval between onset and death: 5 min.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b): Carcinoma of thyroid (Possible) — 6 yrs.
due to, or as a consequence of: (c)

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

19a ACCIDENT (specify yes or no)
19b DATE OF INJURY (month, day, year)
19c HOUR
19d HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20a INJURY AT WORK (specify yes or no)
20b PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify))
20c LOCATION (street or R.F.D. No., city or town, county, state)
21 CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year April 19, 1967 to month day year April 19 1973
And Last Saw Him/Her Alive on month day year April 19, 1973
I Did/Did Not view the body after death (specify): Did not
DEATH OCCURRED (hour): 12:25 P.M.
at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a PHYSICIAN'S SIGNATURE: John D. Merryman M.D.
22b NAME (type or print): John D. Merryman, M.D.
degree or Title
22c DATE SIGNED (month, day, year): April 24, 1973
23 MAILING ADDRESS—PHYSICIAN: 303 Pine Street, Klamath Falls, Oregon 97601
street / city or town / state / zip
24a BURIAL, CREMATION, REMOVAL, OTHER (specify): Burial
24b CEMETERY OR CREMATORY—NAME: Eternal Hills
24c LOCATION city or town state: Klamath Falls, Oregon
24d DATE (mo., day, year): April 23, 1973
25a FUNERAL DIRECTOR'S SIGNATURE
25b FUNERAL HOME—NAME AND ADDRESS (street, city & town, state, zip): Zaru's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26a REGISTRAR'S SIGNATURE: Marion Lehmann
26b DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1973
27 DATE RECEIVED BY STATE REGISTRAR: APR 30 1973
28

VS-5 R-69

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STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED May 16 1980

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 RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

COL 35

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 20th day of May A.D., 19 80 at 1:59 o'clock P M., and duly recorded in Vol M80 of Deeds on Page 9229.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Hetsch Deputy