After Recording return to: James R. McLaughlin
Box 105
New Pine Creek, OR 97635

90595

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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

148
Local File Number

CERTIFICATE OF DEATH

'72-006684
State File Number

DECEASED—NAME: First Mildred; Middle [illegible]; Last McLaughlin
DATE OF DEATH (month, day, year): April 24, 1972
RACE: White
SEX: Female
AGE—Last birthday: 41 years
Under 1 year: months; Under 1 day: days; hours; min.
DATE OF BIRTH (month, day, year): May 10, 1931
COUNTY OF DEATH: Klamath
CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
Inside City Limits (specify yes or no): Yes
HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Presbyterian Intercommunity
STATE OF BIRTH (If not U.S.A. name country): Washington
CITIZEN OF WHAT COUNTRY: USA
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
NAME OF SPOUSE: James Ray McLaughlin
SOCIAL SECURITY NUMBER: 542-34-6853
USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
KIND OF BUSINESS OR INDUSTRY: At Home
RESIDENCE—STATE: Oregon
COUNTY: Klamath
CITY, TOWN, OR LOCATION: Chiloquin
Inside City Limits (specify yes or no): Yes
STREET AND NUMBER OR R.F.D.: No numbers - box # 214
FATHER—NAME (first middle last): Homer Leroy McLain
MOTHER—Maiden Name (first middle last): Alma Leona Tuttle
INFORMANT—NAME and relationship to deceased: James R. McLaughlin (Husband)

PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)
18 Immediate cause
(a) CHRONIC GLOMERULONEPHRITIS & UREMIA — approximate interval between onset and death: 5 years
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b)
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): ANEMIA
AUTOPSY (yes or no): 19a No
IF YES were findings considered in determining cause of death: 19b

ACCIDENT (specify yes or no): 20a
DATE OF INJURY (month, day, year): 20b
HOUR: 20c. A.M.
HOW INJURY OCCURRED (enter nature of injury in part I or part II item 18): 20d
INJURY AT WORK (specify yes or 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): 20g

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year 5 30 1967 to month day year 4 21 72
And Last Saw Her Alive on: month d. year 4-21-72
I saw/Did Not view the body after death (specify)
DEATH OCCURRED (hour): 3:45 A.M.
at the place on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE: Everett Howard M.D.
NAME (type or print): E.E. Howard, M.D. degree or Title
DATE SIGNED (month, day, year): 4-24-72
MAILING ADDRESS—PHYSICIAN: 2622 Campus Drive, Klamath Falls, Oregon 97601
street; city or town; state; zip

BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
CEMETERY OR CREMATORY—NAME: New Pine Creek Cemetery
LOCATION city or town, state: New Pine Creek, Oregon
DATE (mo., day, year): April 27, 1972
FUNERAL DIRECTOR—SIGNATURE:
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
REGISTRAR—SIGNATURE: Maxine Peterman
RESERVED FOR REGISTRAR'S USE
DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1972
DATE RECEIVED BY STATE REGISTRAR: MAY - 8 1972

VS-2 8-69

STATE OF OREGON, County of Multnomah) ss Date Issued Sep. 24 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.

Joseph D. Carney, State Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 1st day of October A.D., 19 80 at 1:33 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 18965.

FEE $3.50

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