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38-23468

Number 3[illegible] — Board of Health — Public Health [illegible] — [illegible]-017629

1. NAME OF DECEASED	First: CATHERINE	Middle: MARY	Last: NOONAN

2. PLACE OF DEATH A. COUNTY: Klamath	3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE: Oregon B. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION: Merrill — C. LENGTH OF STAY IN 2B: 37 Years	C. CITY, TOWN OR LOCATION: Merrill
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): No numbers - Box # 224	D. STREET ADDRESS, RURAL ROUTE, ETC.: No numbers - Box # 224

4. DATE OF DEATH	5. SEX	6. COLOR OR RACE	7. MARITAL STATUS
December 11 1968	Female	White	[X] Married [ ] Widowed [ ] Divorced [ ] Never Married

8. SOCIAL SECURITY NO.	9. USUAL OCCUPATION	10. KIND OF BUSINESS OR INDUSTRY	11. NAME OF SPOUSE
542-44-3848	Housewife	At home	Michael Noonan

12. DATE OF BIRTH	13. AGE LAST BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HOURS
February 7 1901	67 Yrs.		

14. BIRTHPLACE (State or Foreign Country)	15. WAS DECEASED A CITIZEN OF	16. IF DECEASED WAS A VETERAN, WHAT WAR?
County Cork, Ireland	[X] U.S. [ ] Foreign Country	—

17. NAME OF FATHER	18. MAIDEN NAME OF MOTHER	19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED
William Meade	Mary Ann O'Connor	Michael Noonan (Husband)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (Enter only one cause per line in (A), (B), and (C).)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Bowel obstruction — Interval between onset and death: 6 mos.

DUE TO (B): Carcinoma of Ovary — 16 mos.

DUE TO (C):

PART II. Other significant conditions contributing to death but not related to the terminal disease or condition given in Part I (A):

21. If deceased was female, was there a pregnancy in the past 12 months? [ ] Yes [X] No [ ] Unknown

22. Was an autopsy performed? [ ] Yes [X] No

23. Was death solely of: [ ] Accident [ ] Suicide [ ] Homicide

24. If accident, did injury occur: [ ] At Work [ ] Not At Work

25A. PLACE OF INJURY (Such as Farm, Home, Factory, etc.)

25B. City County State

26. TIME OF INJURY Hour Month Day Year

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I attended the deceased from [illegible] 1960 to 12-11-68 and that the death occurred at 3:10 a.m. from the causes and on the date stated above.

Mark S. Kirkman M.D. Klamath Falls, Oregon 12-12-68
(Signature) (Title) (Address) (Date signed)

29. RESERVED FOR REGISTRAR'S USE

183.0

30A. DECEASED WILL BE	30B. DATE	30C. NAME OF CREMATORY OR CEMETERY	30D. LOCATION (City or Town)	State
[X] Buried [ ] [ ] [ ]	12/14/68	Mt. Calvary Cemetery	Klamath Falls, Oregon	

31. [illegible] 32. [illegible] Klamath Falls, Oregon

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

MARGIN RESERVED FOR BINDING

'81 APR 6 PM 3 49

FORM VS 2