38211 CERTIFICATE OF DEATH

137 Vital Records Unit

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Local File Number

State File Number

DECEASED—NAME (1) First: George Middle: Beauford Last: Mattson

(2) DATE OF DEATH (month, day, year): April 3, 1981

(3) RACE (White, Black, American Indian, etc. (specify)): White

(4) SEX: Male

(5a) AGE—Last birthday (years): 74

(5b) Under 1 year: mos. / days

(5c) Under 1 day: hours / min.

(6) DATE OF BIRTH (month, day, year): October 28, 1906

(7a) CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

(7b) HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Med. Cent

(7c) IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient

(7d) COUNTY OF DEATH: Klamath

(8) STATE OF BIRTH (If not in U.S.A. name country): Minnesota

(9) CITIZEN OF WHAT COUNTRY: U.S.A.

(10) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

(11) SPOUSE (IF MARRIED, WIDOWED): Beatrice M. Mabtson

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

(13) SOCIAL SECURITY NUMBER: 702-01-9744

(14a) USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Telephone Installer & Repair

(14b) KIND OF BUSINESS OR INDUSTRY: United Telephone Co.

(15a) RESIDENCE—STATE: Oregon

(15b) COUNTY: Klamath

(15c) CITY, TOWN, OR LOCATION: Merrill

(15d) STREET AND NUMBER OR R.F.D., ZIP: P.O. Box 185 97633

(15e) Inside City Limits (specify yes or no): Yes

(16) FATHER—NAME first middle last: Isaac Mattson

(17) MOTHER—Maiden Name first middle last: Betsy Forse

(18) INFORMANT—NAME and relationship to deceased: Beatrice M. Mattson, Wife

(19a) BURIAL, CREMATION, REMOVAL, MAUSL. (specify): Burial

(19b) CEMETERY OR CREMATORY—NAME: Merrill I.O.O.F. Cemetery

(19c) LOCATION city or town state: Merrill, Oregon

(20a) FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature): [signature]

NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

To Be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

(21a) [Signature]: Craig A Bennett

NAME AND ADDRESS OF CERTIFIER (Type or Print)

(21b) DATE SIGNED (Mo., Day, Yr.): 6 April 81

(21c) HOUR OF DEATH: 11:35 P. M

(21d) Craig A. Bennett M.D., 1905 Main St., Klamath Falls, Ore. 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

(21e)

(22a) DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): APR 6 1981

(22b) REGISTRAR (Signature): Claudia Francis

(23) IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I (a) Cerebral vascular occlusion — Interval between onset and death: 3 days

DUE TO, OR AS A CONSEQUENCE OF:

(b) Generalized arteriosclerosis — Interval between onset and death: years

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY (Specify Yes or No)	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
(26a) No	(26b)	(26c) M	(26d)	(24) No	(25) No

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION STREET OR R.F.D. NO.	CITY OR TOWN	STATE
(26e)	(26f)	(26g)		

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

30 cash

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date APR 6 1981

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the 9th day of April A.D., 1981 at 3:11 o'clock P M., and duly recorded in Vol M81 of Deeds on page 6457.

EVELYN BIEHN
COUNTY CLERK

Fee $ 3.50

By Debra Jonzen deputy