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13897

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

3991
Local File Number

CERTIFICATE OF DEATH

'75-011623
State File Number

DECEASED

1. DECEASED — NAME: First: Fred | Middle: | Last: Jones
2. DATE OF DEATH (month, day, year): July 27, 1975
3. RACE (White, Negro, American Indian, etc. specify): Black
4. SEX: Male
5a. AGE — Last birthday (years): 60
5b. Under 1 year: months / days
5c. Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): April 9, 1915
7. COUNTY OF DEATH: Multnomah
7a. CITY, TOWN, OR LOCATION OF DEATH: Portland
7b. Inside City Limits (specify yes or no): yes
7d. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Emanuel
8. STATE OF BIRTH (If not in U.S.A., name country): Mississippi
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Althea G. Jones
12. SOCIAL SECURITY NUMBER: 457 09 0965
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.): Retired
13b. KIND OF BUSINESS OR INDUSTRY:
14. RESIDENCE — STATE: Oregon
14b. COUNTY: Multnomah
14c. CITY, TOWN, OR LOCATION: Portland
14d. Inside City Limits (specify yes or no): yes
14e. STREET AND NUMBER OR R.F.D.: 4209 N. E. Sumner
15. FATHER — NAME (first, middle, last): —
16. MOTHER — Maiden Name (first, middle, last): Little
17. INFORMANT — NAME and relationship to deceased: Althea G. Jones - Wife

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR a., b., and c.)
18. Immediate cause: a. Lung Cancer — approximate interval between onset and death: 9 months
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
19a. AUTOPSY (yes or no): No
19b. If YES were findings considered in determining cause of death:

ACCIDENT (specify yes or no): 20a.
DATE OF INJURY (month, day, year): 20b.
HOUR: 20c. AM / PM
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.

CERTIFIER

CERTIFICATION — PHYSICIAN: I attended the deceased from: month 10 day 1 year 74 To: month 7 day 27 year 75
And Last Saw Him/Her Alive on: month 7 day 2 year 75
Did/Did Not view the body after death (specify): Did Not
DEATH OCCURRED: hours 7:45 AM / PM — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated
21. PHYSICIAN — SIGNATURE: Richard A. Ellerby
22a. PHYSICIAN — NAME (type or print): Richard A. Ellerby
22b. Degree or Title: M.D.
22c. DATE SIGNED (month, day, year): July 29, 1975
23. MAILING ADDRESS — PHYSICIAN (street, city or town, state, zip): 265 N. Broadway, Portland, Oregon 97227

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY — NAME: Rose City
24c. LOCATION (city or town, state): Portland Ore.
24d. DATE (mo. day year): 7-31-75
25a. FUNERAL DIRECTOR — SIGNATURE:
25b. FUNERAL HOME — NAME AND ADDRESS (street, city or town, state, zip): Vann's Mortuary 5211 N. Williams, Portland, Oregon.
26a. REGISTRAR — SIGNATURE:
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUL 29 1975
27. DATE RECEIVED BY STATE REGISTRAR: AUG 11 1975
RESERVED FOR REGISTRAR'S USE:
28.

VS 2 R-69

KCTC

STATE OF OREGON, County of Multnomah) ss

Date Issued July 29 1981

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

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 4th day of August A.D., 1981 at 11:31 o'clock A M., and duly recorded in Vol M81 of Deeds on page 13897.

Fee $3.50

EVELYN BIEHN
COUNTY CLERK

By Lenetta Hatch Deputy