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STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH—PORTLAND
FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

Local Registrar's Number: 11-19353

State File No. 10794
Date Received: NOV 14 1949

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120x

1. Name of Deceased (Type or Print): a. (First) LENA b. (Middle) OPAL c. (Last) SCHWEIGER

2. Place of Death: a. County: Klamath

b. City or Town: Klamath Falls

c. Length of Stay (in this place): 21 yrs

d. Full Name of Hospital or Institution: 526 Lytton-(Residence)

3. Usual Residence: a. State: Oregon b. County: Klamath

c. City or Town: Klamath Falls

d. Street Address: 526 Lytton

4. Date of Death: 10 17 49

5. Sex: Female

6. Color or Race: White

7a. Married, Never Married, Widowed, Divorced (specify): Married

7b. Name of Husband or Wife: Konrad V. Schweiger

8. Date of Birth: 5/11/05

9. Age (in years last birthday): 44 yrs

10. Birthplace (State or foreign country): Carl Junction, Mo.

11. Citizen of what country? USA

12. Father's Name: Alden Wiman

13. Mother's Maiden Name: Nettie Smith

14a. Usual Occupation: At Home

14b. Kind of Business or Industry: Own Home

15. If Veteran Name War: ----------

16. Informant's Own Signature: Konrad Schweiger

17. Social Security No.: ----------

MEDICAL CERTIFICATION

18. Cause of Death — Enter only one cause per line for (a), (b), and (c)

I. Disease or Condition Directly Leading to Death: (a) Cardiac decompensation — Interval between onset and death: 10 days

Antecedent Causes — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Carcinoma, breast — 6 yrs

Due to (c)

II. Other Significant Conditions — Conditions contributing to the death but not related to the disease or condition causing death

19a. Date of Operation

19b. Major Findings of Operation

20. Autopsy? Yes ☐ No ☑

21a. Accident, Suicide, Homicide (specify)

21b. Place of Injury (e.g., in or about home, farm, factory, street, office building, etc.)

21c. (City, Town, or Township) (County) (State)

21d. Time of Injury (Month) (Day) (Year) (Hour) m.

21e. Injury Occurred While at Work ☐ Not While at Work ☐

21f. How Did Injury Occur?

22. I hereby certify that I attended the deceased from 6 Oct 1949 to 17 Oct 1949 that I last saw the deceased alive on 14 Oct 1949 and that death occurred at 2 A.M. from the causes and on the date stated above.

23a. Signature: [illegible] Black M.D.

23b. Address: Klamath Falls Ore.

23c. Date Signed: 18 Oct 49

24a. Burial, Cremation, Removal (specify): Burial

24b. Date: 10/19/49

24c. Name of Cemetery or Crematory: Klamath Memorial Park

24d. Location (City, town, or county) (State): Klamath Falls Oregon

Date Rec'd by Local Reg.: [illegible]

Registrar's Signature: [illegible]

25. Funeral Director's Signature: [illegible] O'Hair

Address: Klamath Falls, Ore.

N.B.—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. Exact statement of OCCUPATION is very important.