

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M82 Page 7113

TYPE
PRINT
ENT
OR
CTIONS
SEE
BOOK

IDENT
KATH
HRED IN
LUTION
JBOOK
ADONG
EDITION
OF CE ITEMS

SITION

OPTIONAL
ANY
H GAVE
BE TO
EDIATE
USE
LING THE
RYLING
SE LAST

OF
TH

12491 186

Local File Number

DECEASED—NAME
First Middle Last
DENIS TIMOTHY MURPHY

RACE White, Black, American Indian, etc. (specify) White
SEX Male
AGE—Last birthday (years) 86
Under 1 year Under 1 day
mo. days hours min.
5a 5b 5c 5d 5e

DATE OF DEATH (month, day, year) May 22, 1982
DATE OF BIRTH (month, day, year) October 25, 1895
COUNTY OF DEATH Klamath

CITY, TOWN OR LOCATION OF DEATH Klamath Falls
HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) West Medical Center
IF HOSP. OR INST. Indicate DOA, OP, Emer., Am., Inpatient (Specify) 7c Inpatient

STATE OF BIRTH (if not in U.S.A., name country) Ireland
CITIZEN OF WHAT COUNTRY U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married
SPOUSE (IF MARRIED, WIDOWED) Katherine

SOCIAL SECURITY NUMBER 540 - 44 - 2400
USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Rancher - Retired
KIND OF BUSINESS OR INDUSTRY Sheep Ranching

RESIDENCE—STATE Oregon
COUNTY Klamath
CITY, TOWN, OR LOCATION Klamath Falls
STREET AND NUMBER OR R.F.D., ZIP 426 N. 4th Street, 97601
Inside City Limits (specify yes or no) 15e Yes

FATHER—NAME first middle last Timothy Murphy
MOTHER—Maiden Name first middle last Nora O'Keeffe
INFORMANT—NAME and relationship to deceased Katherine Murphy - Wife

BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial
CEMETERY OR CREMATORY—NAME Mt. Calvary Cemetery
LOCATION city or town state Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) James A. Bartlett
NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon 97601
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
21a (Signature) William A. Bartlett, MD
DATE SIGNED (Mo., Day, Yr.) 5/24/82
HOUR OF DEATH 10:20 P M

NAME AND ADDRESS OF CERTIFIER (Type or Print) William A. Bartlett, MD / 2860 Daggett / Klamath Falls, Oregon 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) William A. Bartlett, MD / 2860 Daggett / Klamath Falls, Oregon 97601

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAY 25 1982
REGISTRAR
22a 22b (Signature) Claudia Francis

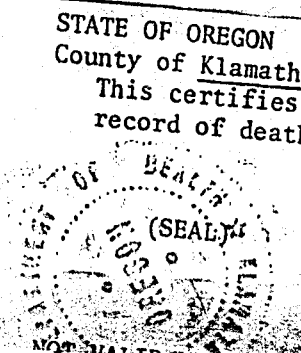
PART I
(a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
DUE TO, OR AS A CONSEQUENCE OF: Liver failure
Interval between onset and death 2 weeks
(b) DUE TO, OR AS A CONSEQUENCE OF: Common Duct Stone
Interval between onset and death 2 weeks
(c) DUE TO, OR AS A CONSEQUENCE OF: Congestive Heart Failure
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) No
DATE OF INJURY (Mo., Day, Yr.)
HOUR OF INJURY
DESCRIBE HOW INJURY OCCURRED
AUTOPSY (Specify Yes or No) No
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 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

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)



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.

MARIAN ACKERMAN, Registrar Vital Statistics
By Claudia Francis, Deputy Registrar
Date MAY 26 1982
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the
8 day of June A.D., 1982 at 11:25 o'clock A M., and duly recorded in
Vol M 82, of Deeds on page 7113.
Fee \$ 4.00
EVELYN BIEHN
COUNTY CLERK
By Joyce M. Thurn deputy