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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.

Oregon State Board of Health
Division of Vital Statistics

Standard Certificate of Death
STATE OF OREGON

State File No. 6418
Local Registrar's No. 849

1. PLACE OF DEATH:
(a) County [illegible]
(b) City or town [illegible]
(c) Name of hospital or institution [illegible]
(d) Length of stay: In hospital or institution —— In this community [illegible] In state Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Oregon (b) County Klamath
(c) City or town Klamath Falls
(d) Street No. [illegible] Street
(e) If foreign born, how long in U.S.A.? ...... years

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3. (a) FULL NAME [illegible]
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex [illegible] 5. Color or race [illegible] 6. (a) Single, widowed, married, divorced [illegible]
6. (b) Name of husband or wife [illegible] 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased [illegible]
8. Age: Years [illegible] Months — Days — If less than one day ...... hr. ...... min.
9. Birthplace [illegible] Oregon
10. Usual occupation [illegible]
11. Industry or business [illegible] Company
Father: 12. Name [illegible] 13. Birthplace Pennsylvania
Mother: 14. Maiden name [illegible] 15. Birthplace Missouri
16. (a) Informant's own signature [illegible]
(b) Address [illegible] St-Klamath Falls, Ore.
17. (a) Burial (b) Date thereof [illegible]
(c) Place: burial or cremation [illegible]
18. (a) Signature of funeral director [illegible]
(b) Address [illegible], Oregon.
19. (a) 11/6/45 (b) [signature]

MEDICAL CERTIFICATION
20. Date of death: Month [illegible] day [illegible] year [illegible] hour [illegible] 3 minute [illegible]
21. I hereby certify that I attended the deceased from ...... 19 ...... to ...... 19 ......; that I last saw h...... alive on ...... 19 ...... and that death occurred on the date and hour stated above.
Immediate cause of death: Coronary Thrombosis — Duration 10/20/45
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations — Of autopsy
PHYSICIAN: Underline the cause to which death should be charged statistically.
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work? (e) Means of injury
23. Signature [signature] (M.D. or other) Address Klamath Co. Coroner. Date signed 4/5/45

STATE OF OREGON, County of Multnomah) ss Date Issued Jan. 3 1983

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.

Return: Klamath County Title Co.

[signature]
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 10 day of Jan A.D., 19 83 at 12:02 o'clock P M., and duly recorded in Vol M83 of Deeds on page 416.

EVELYN BIEHN
COUNTY CLERK
By [signature] deputy

Fee $ 4.00