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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

95
Local File Number

CERTIFICATE OF DEATH

78-004[illegible]

1. DECEASED—NAME: First: RUTH; Middle: ANNA; Last: COX
2. DATE OF DEATH: March [illegible]
3. RACE: White
4. SEX: Female
5a. AGE—Last Birthday (years): 55
5b. Under 1 year: months / days
5c. Under 1 day: hours / minutes
6. DATE OF BIRTH: May [illegible]
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7c. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Klamath Co. Nursing Hm
7d. Inpatient
8. STATE OF BIRTH (If not in U.S.A., name country): Ohio
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Chester Cox
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No)
13. SOCIAL SECURITY NUMBER: 279 - 20 - 6416
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
14b. KIND OF BUSINESS OR INDUSTRY: Homemaking
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP CODE: Route 1, Box 49
15e. Inside City Limits (specify yes or no): No
16. FATHER—NAME first middle last: Frank Harris
17. MOTHER—Maiden Name first middle last: Mary Carnes
18. INFORMANT—NAME and relationship to deceased: Chester Cox - Husband
19a. METHOD OF DISPOSITION (Burial, Cremation, Removal, Donation, Other (Specify)): Burial
19b. PLACE OF DISPOSITION—NAME: Picard Cemetery
19c. LOCATION city or town state: Dorris, California
20a. NAME AND ADDRESS OF FACILITY: HARD's - 1945 Main - Klamath Falls, Oregon 97601
20b. SIGNATURE OF EMBALMER (Type or Print): [illegible]
20c. DATE SIGNED (Mo., Day, Yr.): 3-21-78
20d. HOUR OF DEATH: 7:40 AM
20e. NAME AND ADDRESS OF CERTIFIER (Type or Print): DR. KENNETH E. TUTTLE M.D. 2680 Uhrmann Road / Klamath Falls, Or. 97601
20f. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (Type or Print):
21a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAR 21 1978
21b. REGISTRAR: [illegible] Marian Schuman

22. PART I. Enter only one cause per line for (a), (b), and (c).
(a) DUE TO, OR AS A CONSEQUENCE OF: Metastatic carcinoma of the uterine cervix — Interval between onset and death: 15 months
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(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).
24. AUTOPSY (Specify Yes or No): No
25. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): No
26a. ACCIDENT (Specify Yes or No): No
26b. DATE OF INJURY (Mo., Day, Yr.)
26c. HOUR OF INJURY
26d. DESCRIBE HOW INJURY OCCURRED
27. INJURY AT WORK (Specify Yes or No)
28. PLACE OF INJURY—(e.g., Home, farm, street, factory, office building, etc.) (Specify)
29. LOCATION: STREET OR R.F.D. NO. / CITY OR TOWN / STATE

VS-2 Rev-1-78 P-65412

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED Apr. 11 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.

STATE REGISTRAR

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

5697

RETURN TO CERTIFIED MORTGAGE
836 Klamath Avenue
Klamath Falls, OR 97601

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record

this 14th day of April A. D. 19 83 at 3:48 o'clock P M., and duly recorded in Vol. M83, of Deeds on Page 5696

EVELYN BIEHN, County Clerk

By

Fee $8.00