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CERTIFICATE OF DEATH

153 Local File Number

OR 007224 State File Number

1. DECEASED NAME (First, Middle, Last)	Vance	I.	Matney	2. DATE OF DEATH (Month, day, year) May 17, 1974
3. RACE (White, Negro, American Indian, etc. (specify))	White	4. SEX Male	5. AGE (Last birthday) 72	6. DATE OF BIRTH (Month, day, year) January 6, 1902
7. COUNTY OF DEATH	Klamath	7b. CITY, TOWN, OR LOCATION OF DEATH	Klamath Falls	7c. INSIDE CITY LIMITS (Yes or No) Yes
8. STATE OF BIRTH (If not in U.S.A., name country)	Oregon	9. CITIZEN OF WHAT COUNTRY	U.S.A.	11. NAME OF SPOUSE	Hildu Matney
12. SOCIAL SECURITY NUMBER	542-46-5664 T	13a. USUAL OR LAST REGULAR OCCUPATION (Give kind of work done during most of working life, even if retired)	Farmer	13b. KIND OF BUSINESS OR INDUSTRY	Farming
14a. RESIDENCE—STATE	Oregon	14b. COUNTY	Klamath	14c. CITY, TOWN, OR LOCATION	Klamath Falls	14d. INSIDE CITY LIMITS (Yes or No) Yes	14e. STREET AND NUMBER OR R.F.D.	1435 Martin St.
15. FATHER—NAME (First, middle, last)	John H. Matney	16. MOTHER—MAIDEN NAME (First, middle, last)	Josephine Calarneau	17. INFORMANT—NAME and relationship to deceased	Hildu Matney, Wife

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

		Approximate interval between onset and death
18. Immediate cause	(a) Sepsis due to, or as a consequence of:	24 Hrs
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b) Pylonephritis due to, or as a consequence of:	2 mo
	(c) Bilateral Staghorn Calculi	

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Chronic Bronchitis, A.S.H.D.

19a. AUTOPSY (yes or no): NO

19b. If YES were findings considered in determining cause of death

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY occurred (enter nature of injury in part I or part II, Item 18):
20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY (e.g. home, farm, street, factory, office bldg., etc. (specify))	20g. LOCATION (street or R.F.D. No., city or town, county, state)	

21. CERTIFICATION—PHYSICIAN: I attended the deceased from (month day year)	Dec. 1972	to (month day year) May 17, 1974	And Last Saw Him/Her Alive on (month day year) 4/12/74	I Did/Did Not view the body after death (specify) Did Not	DEATH occurred (hour) 10:30 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE		22b. NAME (type or print) James F. Novak	degree or title M.D.	22c. DATE SIGNED (month, day, year) 5/20/74	
23. MAILING ADDRESS—PHYSICIAN	1905 Main St., (street)	Klamath Falls, (city or town)	Oregon (state)	97601 (zip)	

24. BURIAL, CREMATION, REMOVAL, MAUS (specify) Burial	24b. CEMETERY OR CREMATORY—NAME Mt. Calvary Cemetery	24c. LOCATION city or town Klamath Falls,	state Oregon	24d. DATE (mo. day, year) 5-20-74
25a. FUNERAL DIRECTOR—SIGNATURE	25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601			
26a. REGISTRAR—SIGNATURE	26b. DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1974	27. DATE RECEIVED BY STATE REGISTRAR JUN 3 1974		
28. RESERVED FOR REGISTRAR'S USE				

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