

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

Local File Number 33

DECEASED—NAME		First		Middle		Last		State File Number	
1 MYRTLE		LOUISE		HARRIS				DATE OF DEATH (month, day, year) 2 January 30, 1984	
RACE White, Black, American Indian, etc. (specify) 3 White		SEX 4 Female		AGE—Last birthday (years) 5a 77		Under 1 year 5b months days		Under 1 day 5c hours min	
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b 935 Front Street		IF HOSP OR INST. Indicate DOA, OP/Emur, Rm., Inpatient (Specify) 7c No		DATE OF BIRTH (month, day, year) 6 March 4, 1906		COUNTY OF DEATH 7d Klamath	
STATE OF BIRTH (If not in U.S.A., name country) 8 Idaho		CITIZEN OF WHAT COUNTRY 9 U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married		SPOUSE (IF MARRIED, WIDOWED) 11 William M. Harris		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No	
SOCIAL SECURITY NUMBER 13 540-34-2423		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Home Maker		KIND OF BUSINESS OR INDUSTRY 14b Home Owner					
RESIDENCE—STATE 15a Oregon		COUNTY 15b Klamath		CITY, TOWN, OR LOCATION 15c Klamath Falls		STREET AND NUMBER OR R.F.D., ZIP 15d 935 Front Street 97601		Inside City Limits (specify yes or no) 15e Yes	
FATHER—NAME first middle last 16 Thomas - Stanton		MOTHER—Maiden Name first middle last 17 Elmira -		INFORMANT—NAME and relationship to deceased 18 William M. Harris - husband					
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens		LOCATION city or town state 19c Klamath Falls, Oregon					
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a <i>Merid Beid</i>		NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Oregon		DATE SIGNED (Mo., Day, Yr.) 21b 01-31-84		HOUR OF DEATH 21c 12:30P.			
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Dr. Blake Berven 2616 Clover Street, Klamath Falls, Oregon 97601									
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a JAN 31 1984		REGISTRAR 22b <i>Jacqueline E. Pruitt</i>							
PART I IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: <i>Gastrointestinal hemorrhage</i>				Interval between onset and death <i>10 min</i>					
(b) DUE TO, OR AS A CONSEQUENCE OF: <i>Myocardial infarction</i>				Interval between onset and death <i>2 mos</i>					
(c) DUE TO, OR AS A CONSEQUENCE OF:				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) 26a		DATE OF INJURY (Mo., Day, Yr.) 26b		HOUR OF INJURY 26c		DESCRIBE HOW INJURY OCCURRED 26d		AUTOPSY (Specify Yes or No) 24 No	
INJURY AT WORK (Specify Yes or No) 26e		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		LOCATION 26g		STREET OR R.F.D. NO.		CITY OR TOWN STATE	
RESERVED FOR REGISTRAR'S USE									

PRECEDENT IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF SOURCE ITEMS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

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 *Jacqueline E. Pruitt*, Deputy Registrar

VOID IF ALTERED **FEB 1 1984**

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

Return to P. K. Luckett, P.O. Box 15, Merrill, OR.

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 23rd day of February A.D., 1984 at 1:46 o'clock P.M. and duly recorded in Vol M84, of Deeds on page 2857.

EVELYN BIEHN, COUNTY CLERK

by *Pam Smith*, Deputy

Fee \$ 4.00