

STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit

Vol. 184 Page 13742

## CERTIFICATE OF DEATH

Local File Number 310 State File Number

DECEASED—NAME First Middle Last  
RUTH MAXINE O'HARRA

RACE White SEX Female AGE—Last birthday 70 Under 1 year Under 1 day Under 1 day  
DATE OF DEATH (month, day, year) 2 July 29, 1984  
DATE OF BIRTH (month, day, year) 6 July 31, 1913

CITY, TOWN OR LOCATION OF DEATH Klamath Falls HOSPITAL OR OTHER INSTITUTION—NAME Merle West Medical Center  
STATE OF BIRTH (If not in U.S.A. name country) Oregon CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married SPOUSE (If married, widowed) Thomas J. O'Harra  
SOCIAL SECURITY NUMBER 543-20-7978 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Petroleum Distributor  
RESIDENCE—STATE Oregon COUNTY Klamath CITY, TOWN, OR LOCATION Klamath Falls STREET AND NUMBER OR R.F.D., ZIP Box 1357 -97603  
FATHER—NAME first middle last Charles - Applegate MOTHER—first middle last Minnie - Orchard  
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation CEMETERY OR CREMATORY—NAME Klamath Cremation Service  
FUNERAL SERVICE LICENSEE Or Person Acting As Such NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore  
DATE SIGNED (M, Day, Yr) 7-31-84 HOUR OF DEATH 9:30 P. M.  
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Charles D. Bury, M.D., 2300 Clairmont St., Klamath Falls, Oregon 97601  
DATE RECEIVED BY REGISTRAR (M, Day, Yr) JUL 31 1984 REGISTRAR  
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  
(a) Cancer of Ovaries Interval between onset and death  
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death  
(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) DATE OF INJURY (M, Day, Yr) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED AUTOPSY (Specify Yes or No) WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or 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

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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 Richard E. Rasmussen, Deputy RegistrarDate JUL 31 1984

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH:ss  
I hereby certify that the within instrument was received and filed for record on the 9th day of August A.D., 1984 at 11:19 o'clock A.M., and duly recorded in Vol. 184 of Deeds on page 13742.

Fee: \$4.00 Index: \$1.00

Ret: Mr. Tom O'Harra Box 1357 Klamath Falls, Oregon 97603

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy