Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME (1) First: EFFIE Middle: FRANCES Last: REDKEY

(2) DATE OF DEATH (month, day, year): May 16, 1984

(3) RACE (White, Black, American Indian, etc.) (specify): White

(4) SEX: Female

(5a) AGE—Last Birthday (Years): 95

(5b) If Under 1 year: Months / Days

(5c) Under 1 day: Hours / Min.

(6) DATE OF BIRTH (month, day, year): July 20, 1888

(7a) CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

(7b) HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Mt. View Care Center

(7c) IF HOSP. OR INST. Indicate DOA, OP/Emer., Am., Inpatient (Specify): Inpatient

(7d) COUNTY OF DEATH: Klamath

(8) STATE OF BIRTH (If not in U.S.A. name country): California

(9) CITIZEN OF WHAT COUNTRY: U.S.A.

(10) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed

(11) SPOUSE (IF MARRIED, WIDOWED): Stanley

(12) WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

(13) SOCIAL SECURITY NUMBER: 543 - 10 - 0177

(14a) USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Book Binder - Retired

(14b) KIND OF BUSINESS OR INDUSTRY: Library

(15a) RESIDENCE—STATE: Oregon

(15b) COUNTY: Klamath

(15c) CITY, TOWN, OR LOCATION: Klamath Falls

(15d) STREET AND NUMBER OR R.F.D., ZIP: 2255 Vine Street 97601

(15e) Inside City Limits (specify yes or no): Yes

(16) FATHER—NAME first middle last: Frank Gilloon

(17) MOTHER—first middle last (Maiden Name): Clara Luttrell

(18) INFORMANT—NAME and relationship to deceased: Ella Redkey - Daughter

(19a) BURIAL, CREMATION, REMOVAL, OTHER (specify): Burial

(19b) CEMETERY OR CREMATORY—NAME: Linkville Cemetery

(19c) LOCATION city or town state: Klamath Falls, Oregon

(20a) FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): James K. Ward

(20b) NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon - 97601

(21a) To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [Signature]: Raymond Tice MD

(21b) DATE SIGNED [Mo., Day, Yr.]: May 16, 1984

(21c) HOUR OF DEATH: 9:20 a M

(21d) NAME AND ADDRESS OF CERTIFIER [Type or Print]: Raymond Tice, MD / 905 Main, Suite 309 / Klamath Falls, Oregon / 97601

CERTIFYING PHYSICIAN Only

(21e) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

(22a) DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: MAY 21 1984

(22b) REGISTRAR [Signature]: Josephine E Cravens

(23) IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I (a) PNEUMONIA — Interval between onset and death: 5 Days

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(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): SENILITY

(24) AUTOPSY [Specify Yes or No]: No

(25) WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

(26a) ACCIDENT [Specify Yes or No]: No

(26b) DATE OF INJURY [Mo., Day, Yr.]

(26c) HOUR OF INJURY M

(26d) DESCRIBE HOW INJURY OCCURRED

(26e) INJURY AT WORK [Specify Yes or No]

(26f) PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]

(26g) 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 MULTNOMAH)ss

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.

DATE ISSUED: JULY 31 1984

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

Return To:

WILLIAM M. GANONG
ATTORNEY AT LAW
1151 PINE STREET
KLAMATH FALLS, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 20th day of August A.D., 19 84 at 2:37 o'clock P M, and duly recorded in Vol M84 of Deeds on page 14340.

Fee: $ 4.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy