19033

Vol. M84 Page

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

16 (Local File Number)

CERTIFICATE OF DEATH

DECEASED

1. DECEASED NAME — First	Middle	Last	State File Number
ALICE	D.	THOMPSON	

3. RACE White, Negro, American Indian, etc. (specify)	4. SEX	5a. AGE—Last birthday (years)	5b. Under 1 year: mos. / days	5c. Under 1 day: hours / min.	2. DATE OF DEATH (month, day, year)
White	Female	65			January 17, 1977

7a. COUNTY OF DEATH	7b. CITY, TOWN, OR LOCATION OF DEATH	7c. Inside City Limits (specify yes or no)	6. DATE OF BIRTH (month, day, year)
Klamath	Klamath Falls	Yes	September 20, 1911

8. STATE OF BIRTH (If not in U.S.A., name country)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)
Idaho	USA	Married	Presbyterian Intercommunity

12. SOCIAL SECURITY NUMBER	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	11. NAME OF SPOUSE
543-20-1082 - P	Housewife	Loyd E. Thompson

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	Inside City Limits (specify yes or no)	13b. KIND OF BUSINESS OR INDUSTRY
Oregon	Klamath	Klamath Falls	Yes	At home

15. FATHER—NAME first middle last	16. MOTHER—Maiden Name first middle last	14d. STREET AND NUMBER OR R.F.D.	17. INFORMANT—NAME and relationship to deceased
Joseph - Wood	Agnes - Buren	615 High Street	Loyd E. Thompson (Husband)

CAUSE

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) Metastatic Neoplasm	Unk.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b) due to, or as a consequence of:	
	(c) due to, or as a consequence of:	

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

ACCIDENT (specify yes or no) 20a.	DATE OF INJURY (month, day, year) 20b.	HOUR 20c.	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.	AUTOPSY (yes or no) 19a.	IF YES were findings considered in determining cause of death 19b.
		M.		No	

INJURY AT WORK (specify yes or no) 20e.	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f.	LOCATION (street or R.F.D. No., city or town, county, state) 20g.

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year	to month day year	And Last Saw Him/Her Alive on: month day year	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour)	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
4-14-76	1-17-77	1-17-77		11:15 A.M.	

22a. PHYSICIAN—SIGNATURE	22b. NAME (type or print) degree or Title	22c. DATE SIGNED (month, day, year)
Kenneth L. Tuttle M.D.	Kenneth L. Tuttle, M.D.	Jan. 24, 1977

23. MAILING ADDRESS—PHYSICIAN street	city or town	state	zip
2680 "O" Uhrmann Road,	Klamath Falls,	Oregon	97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION city or town	state	24d. DATE (mo., day, year)
Burial	Eternal Hills	Klamath Falls,	Oregon	Jan. 19, 1977

25a. FUNERAL DIRECTOR—SIGNATURE	25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
	Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601

26a. REGISTRAR—SIGNATURE	26b. DATE RECEIVED BY LOCAL REGISTRAR	DATE RECEIVED BY STATE REGISTRAR
Marian Johnson	JAN 24 1977	

RESERVED FOR REGISTRAR'S USE 28. | 27.

VS-2 R-69

43029

JAN 24 8 PM 3 31

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.

VELDON C. BOGE, M.D., Registrar Vital Statistics

By Marian Johnson Deputy Registrar
Date JAN 25 1977 19
VOID IF ALTERED

(SEAL)

Return to: William M. Ganong 1151 Pine St. 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 8th day of November A.D., 19 84 at 3:31 o'clock P M, and duly recorded in Vol. M84 of Deeds on page 19033.

EVELYN BIEHN, COUNTY CLERK
by: Lynn Smith, Deputy

Fee: $4.00 Index: $1.00