

43205

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

Vol. 1184 Page 19304

CERTIFICATE OF DEATH

State File Number

Local File Number 416

DECEASED—NAME First Middle Last
AUDREY MARGARET BRIDGE

DATE OF DEATH (month, day, year)
2 November 9, 1984

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

SEX
Female

AGE—Last birthday (years)
59

Under 1 year
mos days hours min
6 August 14, 1925

CITY, TOWN OR LOCATION OF DEATH
Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)
Merle West Medical Center

7c Inpatient

COUNTY OF DEATH
Klamath

7a Klamath Falls

STATE OF BIRTH (If not in U.S.A. name country)
Montana

CITIZEN OF WHAT COUNTRY
U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
Married

SPOUSE (IF MARRIED, WIDOWED)
Donald L. Bridge

12 No

13 517-22-8534

14a Home Maker

14b Owns Home

RESIDENCE—STATE
Oregon

COUNTY
Klamath

CITY, TOWN, OR LOCATION
Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP
2344 Union Street 97601

15c Yes

15a Oregon

FATHER—NAME first middle last
Muhlolland

MOTHER—first middle last (Maiden Name)
Margaret - Green

INFORMANT—NAME and relationship to deceased
Donald L. Bridge - husband

16 Burial, Cremation, Removal, Maus. (specify)
Cremation

CEMETERY OR CREMATORY—NAME
Klamath Cremation Service

19a Cremation

19b

NAME AND ADDRESS OF FACILITY
O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 97601

20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
Gerald R. Hartmann

DATE SIGNED (Mo., Day, Yr.)
11/12/84

21c 6:10 P. M.

21a (Signature)
Gerald R. Hartmann

NAME AND ADDRESS OF CERTIFIER (Type or Print)
Dr. Gerald R. Hartmann 2604 Clover Street Klamath Falls, Oregon 97601

21d

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
NOV 13 1984

REGISTRAR
Arthur E. Caviris

22a

22b (Signature)

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
Recurrent ovarian malignant tumor

PART I (a) DUE TO, OR AS A CONSEQUENCE OF:

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24 No

25 No

26a ACCIDENT (Specify Yes or No)

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

26c HOUR OF INJURY

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 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 Arthur E. Caviris, Deputy Registrar
Date

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 15th day of November A.D., 1984 at 9:06 o'clock A M, and duly recorded in Vol 1184 of Deeds on page 19304.

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Fee: \$ 5.00

Return: Don Bridge 149 Hillside Klamath Falls, Oregon 97601

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