			SIAIE O	F OREGON - HEALTH DVISIO	N 976 0 1	7701
Γ	292		C=====================================	Vital Statistics Section	176-01	2/01
DECEASI	Local File Number	First	CERTIFICA	TE OF DEATH	50	
1.	-	HELENE	Middle	Last	DATE OF	DEATH (month, day, year)
etc. (spec	ite, Negro, American Ind	dian, SEX	MDDD A	HDWARD Under I year	4	BIRTH (month, day, year)
CEASED COUNTY	White OF DEATH	4. Fen	nale 50.	mos dave	Under I day DATE OF	BIRTH (month, day, year)
	Klamath	21 1/2 -	WN, OR LOCATION OF D	EATH Inside Con II	HOSPITAL OR OTHER	tober 20, 1918
residence STATE OF	BIRTH U.S.A., name country)	CITI:	math Falls ZEN OF WHAT COUNTRY		ne) (if not in either, give	atreet and number:
le.	Kansas ECURITY NUMBER		HEA	WIDOWED, DIVORCED (speci	NAME OF SPOUSE	County Nursing H
nce before sion.	COXIII NUMBER	VSU.	AL OCCUPATION (give k	nd of work done during	KIND OF BUSINESS OR IN	R. Howard
RESIDENC	-STATE	COUNTY 13a.	Physician	1	124 M-1:	-
14a. FATHER-N	Oregon	146. Klama	th uKlam-	Inside City (specify yes	Tetransia Land	
i	- midd	dle last	MOTHER-Maiden Nair	e first middle last	S 14e. 2040 L	awrence St.
PART I.	h W. Woody		la. Agne	s Cameron	IT JOHO R U-	elationship to deceased
18.	DEATH WAS CAUSE immediate	ED BY: e cause	(ENTER ONI	Y ONE CAUSE PER LINE FOR (a),	(b), and (c))	ward - Husband
	(a) M(ETASTAT	IC CARCINO	up of Bro	ten und (ch	between onset and death
Condition	t if som /	as a consequence	ch .		02/	12 Maga 7115
USE which gas immediate stating th	to rise to (b)	as a consequence (
lying cau	ise last /					
14 X PART II. O	THER SIGNIFICANT CON	IDITIONS: condition	ns contributing to death	but not related to cause given		
ACCIDENT				201 Hot letated to cause given	n Part I (a. AUTOPSY (yes or no.)	IF YES were findings considered in determining cause of death
- (specify yes		ar) HO	OUR	HOW INJURY OCCURRED (en	er nature of injury in part t	19b. NO
20a. No injury at (specify yes	VORK PLACE OF INJU	RY at home, farm.	M.	20d. ON (street or R.F.D. No., city or t	and or injury in part (or part II, item 18
20e. Nr	20f.	. (specify)		ON (street or R.F.D. No., city or t	own, county, state)	
CERTIFICATION PHYSICIAN:	·		month day year	And Last Saw Him/Her Alive	I Bed/Did III	
deceased from	h: 5-15-	67	8-53.25		view the body after death (specify)	
IER PHYSICIAN	HGNATURE	<u></u>		1	4 •	best of my knowledge, due to the cause(s) stated.
22a. > 2	vinger.	nas	NAME (type		Centres of Title D.	75 414
MAILING AD	DRESS-PHYSICIAN	1	22b. E	verett E, Howa	rd M.D. 22	725/1
23. BURIA! CREA	IATION, REMOVAL,	Z	622 Campus	Drive - Klar	town state	tip
I MAOS. (Specif		CEMETERY OR CRE	EMATORY-NAME .	LOCATION city or to	wo ratis,	<u> </u>
L 24a. FUNERAL DIR	CIOR SIGNATURE ,	246. Eterna	Hills	24cKlamath Fa	ills. Orenon	DATE (mo., day, year:
25a. 🔪	amus K	Daral	acid A P D I C	AME AND ADDRESS (street,	city or town, state, zip)	PATE (mo day, year) 24dAug. 24, 7
' ' ' ' ' ' '	GNATURE	70	2384 ATTU 3 -	- 1945 Main St.	- Klamath F	alls, Grecon
26a. > RESERVE	FOR REGISTRAR'S DISE	Chern	2	265 AUG 2 : 1976	CEGISTRAR DATE RECEIV	SEP 0 7 1976
	1203E				27.	1 1975
					روه او دوارا استان این این است. میمنوم داران سیان میمنون است	· .
						1. 1/2
- 05 0===		•		DATE ISSUED	CEDTEMBER	7
ur UREGON,	COUNTY OF MU	JLTNOMAH)s	s		SEPTEMBER	27 976
RERV CEDITEV	THAT THE	_		COMPARED BY ME WI		
TRUE, FULL	AND CORRECT C	OPY OF THE	F ORIGINAL CE	COMPARED BY ME WI RTIFICATE AS THE DIVISION AND IN-	TH THE ORIGINA	L DESUBERT AND
STATISTICS	SECTION OF T	HE OREGON	STATE DEALTH	KITHICALE AS THE	SAME APPEARS	ON FILE IN THE
			SIMIE DEALIN	DIVISION AND THE	MILE OF THE PARTY	
			STATE DEALTH		O. WAGTUE CH	ve Wan Cazillia
			STATE HEALTH		O. WAGTUE CH	VE YAAA COSTOOLA
			JIATE HEALTH		O. WAGTUE CH	VE YAAA COSTOOLA
) ST	ATE REGISTRAR	AL AND COSTODY.
NOT	VALID WITHO	DUT RAISE	ED SEAL OF) ST	ATE REGISTRAR	AL AND COSTODY.
NOT	VALID WITHO	DUT RAISE	ED SEAL OF	ST Para OREGON STATE H	ATE REGISTRAR) EALTH DIVISI	ON
NOT	VALID WITHO	DUT RAISE	ED SEAL OF	ST Para OREGON STATE H	ATE REGISTRAR) EALTH DIVISI	ON
NOT ATE OF ORI hereby cer	VALID WITHO	OUT RAISE TY OF KL the with	ED SEAL OF	OREGON STATE H	ATE REGISTRAR) EALTH DIVISI	ON
NOT ATE OF ORI hereby cer	VALID WITHO	OUT RAISE TY OF KL the with	ED SEAL OF AMATH:ss in instrume	OREGON STATE H	ATE REGISTRAR) EALTH DIVISI ed and filed at 3:57 0'	ON for Elock P M
NOT ATE OF ORI hereby cer	VALID WITHO	OUT RAISE TY OF KL the with	ED SEAL OF AMATH:ss in instrume	OREGON STATE H	ATE REGISTRAR) EALTH DIVISI	ON for P M
NOT ATE OF ORI hereby cer cord on th d duly rec	VALID WITHO	OUT RAISE TY OF KL the with	ED SEAL OF AMATH:ss in instrume	OREGON STATE H	ATE REGISTRAR) EALTH DIVISI ad and filed at 3:57 o'c on page	ON for clock P M, 3361
NOT ATE OF ORI hereby cer	VALID WITHO	OUT RAISE TY OF KL the with	ED SEAL OF AMATH:ss in instrume	OREGON STATE H	ATE REGISTRAR) EALTH DIVISI ed and filed at 3:57 0'	ON for clock P M, 3361
NOT ATE OF ORI hereby cer cord on the d duly rec	VALID WITHO	OUT RAISE TY OF KL. the with y of ol M85	ED SEAL OF AMATH:ss in instrume June Of Deeds	OREGON STATE H	ATE REGISTRAR EALTH DIVISI ad and filed at 3:57 or on page N, COUNTY CI	ON for lock P M, 3361
NOT ATE OF ORI hereby cer cord on the d duly rec	VALID WITHO	OUT RAISE TY OF KL. the with y of ol M85	ED SEAL OF AMATH:ss in instrume June Of Deeds	OREGON STATE H	ATE REGISTRAR EALTH DIVISI ad and filed at 3:57 or on page N, COUNTY CI	ON for lock P M, 3361