

CERTIFICATE OF DEATH

Local File Number 398 State File Number _____

DECEASED—NAME: LELA ETHELONA POUNDS

1 White 2 October 1, 1985
 SEX: Female AGE—Last birthday (years) 88 DATE OF DEATH (month, day, year)

3 Klamath Falls 4 Merle West Medical Center 5a 88 5b Under 1 year 5c Under 1 day 6 June 22, 1897
 CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Under 1 year mos days Under 1 day hours min DATE OF BIRTH (month, day, year)

7a Mississippi 7b U.S.A. 7c Inpatient 7d Klamath
 STATE OF BIRTH (if not in U.S.A. name country) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) SPOUSE (IF MARRIED, WIDOWED) COUNTY OF DEATH

8 444 - 20 - 9243 9 U.S.A. 10 Married 11 George W. 12 No
 SOCIAL SECURITY NUMBER USUAL OCCUPATION (give kind of work done during most of working life, even if retired) KIND OF BUSINESS OR INDUSTRY

13 Oregon 14a Klamath 14b Housewife 14c At Home
 RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER OR R.F.D., ZIP

15a Andrew J. Sample 15b Rossie J. Smith 15c 2425 White Street 15d 97601
 FATHER—NAME MOTHER—first middle last (Maiden Name) INSIDE CITY LIMITS (specify yes or no)

16 Burial 17 Eternal Hills Memorial Gardens 18 George Pounds / Husband
 BURIAL, CREMATION, REMOVAL, MAUS (specify) CEMETERY OR CREMATORY—NAME INFORMANT—NAME and relationship to deceased

19a Funeral Service Licensee of Person Acting as Such 19b WARD'S - 1945 Main - Klamath Falls, Oregon 97601
 NAME AND ADDRESS OF FACILITY

20a F. Geoffrey Marx, MD 20b Oct. 2, 1985 20c 7:00 P M
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) DATE SIGNED (Mo. Day Yr) HOUR OF DEATH

21a Cardiorespiratory Arrest 21b Arteriosclerotic Heart Disease & Pneumonia
 PART I (a) DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death

22a OCT 4 1985 22b Cardiorespiratory Arrest 22c Arteriosclerotic Heart Disease & Pneumonia
 DATE RECEIVED BY REGISTRAR (Mo. Day Yr) REGISTRAR

23 Cardiorespiratory Arrest 24 No 25 No
 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) AUTOPSY (Specify Yes or No) WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)

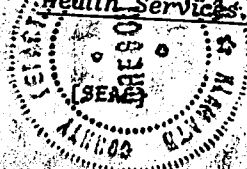
26a No 26b At home, farm, street, factory, office building, etc. (Specify) 26c At home 26d At home
 INJURY AT WORK (Specify Yes or No) PLACE OF INJURY—(Specify) LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE

27 RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

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 George Pounds, Deputy Registrar

Date Oct 4 1985

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of _____ November _____ A.D., 19 85 at 2:52 o'clock P M., and duly recorded in Vol. M85 of _____ Deeds _____ on Page 18920.

FEE \$5.00

Return: George Pounds

Evelyn Biehn, County Clerk
 By George Pounds
 2425 White Street, Klamath Falls, Oregon 97601