

Local File Number
State File Number
DECEASED—NAME First Middle Last
1 ZELLA RUTH BLANKENSHIP
DATE OF DEATH (month day year)
2 January 2, 1985
RACE (White, Black, American Indian, etc. (specify))
3 White
SEX
4 Female
AGE—Last birthday (years)
5a 91
Under 1 year
5b mos days
Under 1 day
5c hours min
DATE OF BIRTH (month day year)
6 April 19, 1893
CITY, TOWN OR LOCATION OF DEATH
7a Klamath Falls
HOSPITAL OR OTHER INSTITUTION—NAME (if not a home, give street and number)
7b West Medical Center
F HOSP OR INST indicate DOA
OP Expt Rm Inpatient (Specify)
7c Inpatient
COUNTY OF DEATH
7d Klamath
STATE OF BIRTH (if not in U.S.A. name country)
8 Iowa
CITIZEN OF WHAT COUNTRY
9 U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
10 Widowed
SPOUSE (if married, widowed)
11 Earl
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
12 No
SOCIAL SECURITY NUMBER
13 543-36-2226
USUAL OCCUPATION (give kind of work done during most of working life, even if retired)
14a Housewife
KIND OF BUSINESS OR INDUSTRY
14b At Home
RESIDENCE—STATE
15a Oregon
COUNTY
15b Klamath
CITY, TOWN, OR LOCATION
15c Klamath Falls
STREET AND NUMBER OR R.F.D., ZIP
15d 312 Martin St. 97601
Inside City Limits (Specify Yes or No)
15e Yes
FATHER—NAME first middle last
16 George Brown
MOTHER—first middle last (Maiden Name)
17 Lois Ruth
INFORMANT—NAME and relationship to deceased
18 Florence DeLap - Daughter
BURIAL, CREMATION, REMOVAL, MAUS. (specify)
19a Burial
CEMETERY OR CREMATORY NAME
19b Klamath Memorial Park
LOCATION
19c Klamath Falls, Ore.
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature)
20a Jim Lancaster
NAME AND ADDRESS OF FACILITY
20b WARD'S - 1945 Main St. - Klamath Falls, Ore.
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a (Signature) *[Signature]*
NAME AND ADDRESS OF CERTIFIER (Type or Print)
21b Alden Glidden, MD 2680 "B" Uhrmann Rd. Klamath Falls, Ore.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
21c
DATE RECEIVED BY REGISTRAR (MM Day Yr)
22a JAN 3 1985
REGISTRAR
22b (Signature) *[Signature]*
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) Cardio respiratory Arrest
(b) Senile Dementia and Progressive Debility
(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)
AUTOPSY (Specify Yes or No)
24 No
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
25 No
ACCIDENT (Specify Yes or No)
26a No
DATE OF INJURY (MM Day Yr)
26b
HOUR OF INJURY
26c
DESCRIBE HOW INJURY OCCURRED
26d
INJURY AT WORK (Specify Yes or No)
26e
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
26f
LOCATION
26g
STREET OR R.F.D. NO
CITY OR TOWN
STATE

Return to:
Klamath First Fed
2943 80th St
Klamath Falls, OR 97603

ORIGINAL-VITAL STATISTICS COPY

452 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 *[Signature]* Deputy Registrar
Date JAN 3 1985

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ day
of _____ December _____ A.D., 19 _____ 85 at _____ 9:08 o'clock _____ A.M., and duly recorded in Vol. _____ 20529
of _____ Deeds _____ on Page _____

FEE \$5.00

Evelyn Biehn, County Clerk
By *[Signature]*