CERTIFICATION OF VITAL RECORD

64189

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

ATC-6-30056

Vol. M86 Page 13330

'86 JUL 29 PM 2 36

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON — BOARD OF HEALTH — PORTLAND — PUBLIC HEALTH SERVICE

Local Registrar's Number: 168

State File No. 8131

Date Received: JUL 9 1964

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

1. Name of Deceased: Ina Borgman
2. Place of Death: A. County: Klamath; B. City, Town or Location: Klamath Falls; C. Length of stay in 2B: 53 yrs.; D. Name of Hospital or Institution: Residence
3. Usual Residence: A. State: Oregon; B. County: Klamath; C. City, Town or Location: Klamath Falls; D. Street Address: 543 Conger
4. Date of Death: June 22 1964
5. Sex: Female
6. Color or Race: Caucasian
7. Marital Status: Married
8. Social Security No.: --
9. Usual Occupation: Housewife
10. Kind of Business or Industry: --
11. Name of Spouse: Harvey C. Borgman
12. Date of Birth: June 14, 1898
13. Age Last Birthday: 66 Yrs.
14. Birthplace: Meriden, Mississippi
15. Was Deceased a Citizen of: U.S.
16. If Deceased was a Veteran, What War?: No
17. Name of Father: A.F. Graham
18. Maiden Name of Mother: No record
19. Informant's Name and Relationship to Deceased: H.C. Borgman, spouse

MEDICAL CERTIFICATION

20. Cause of Death: Part I. Death was caused by: Immediate cause (A): Carcinoma of Sigmoid Colon — Interval between onset and death: 2 yrs.
Due to (B):
Due to (C):
Part II. Other significant conditions:

21. If deceased was female, was there a pregnancy in the past 12 months?: No
22. Was autopsy performed?: No

23. Was death result of: Accident / Suicide / Homicide
24. If accident, did injury occur: At Work / Not At Work
25A. Place of Injury
25B. City / County / State
26. Time of Injury
27. Describe how injury occurred

28. Certificate: I hereby certify that I attended the deceased from June 1962 to 6/22/64 and that death occurred at 12:45 AM on the date stated above.
Signature: John W. Mozzaconi (?) — M.D. — Klamath Falls, Ore. — 6/22/64

29. Reserved for Registrar's Use: 153.3

30. Disposition: Cremation
30B. Date: 6/24/64
30C. Name of Crematory or Cemetery: Ashland Crematory
30D. Location: Ashland, Oregon
31. Date Received by Local Registrar: 6-22-64
32. Registrar's Signature: Marian Ackerman
33. Funeral Director's Signature and Address: Keith O'Hair — O'Hair's Bx. 374 Klamath Falls

After recording return to:
H.C. Borgman
863 Lakeshore Drive
Klamath Falls, Oregon 97601

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED: JUL 22 1986

Joseph D. Carney
JOSEPH D. CARNEY
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ______ of July A.D., 19 86 at 2:36 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 13330 the 29th day.

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith