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Vol. M86 Page 17099

85-005668

98

Local File Number

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

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First VIOLET Middle LEOLA Last MARTIN

2 DATE OF DEATH (month, day, year): March 9, 1985

3 RACE (White, Black, American Indian, etc.) (Specify): White

4 SEX: Female

5a AGE—Last Birthday (years): 75

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): January 21, 1910

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center

7c If HOSP. OR INST. Indicate DOA, OP, Emer., Rm, Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Minnesota

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Harvey

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 542 - 54 - 9004

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife 9/1961

14b KIND OF BUSINESS OR INDUSTRY: At Home

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 1754 Kane Street 97603

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Thurey Nelson

17 MOTHER—first middle last (Maiden Name): Caroline Anderson

18 INFORMANT—NAME and relationship to deceased: Harvey Martin / Husband

19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town, state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]: James K. Ladd

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon - 97601

To be Completed by CERTIFYING PHYSICIAN Only

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

21a [Signature]: Kenneth K. Magee

21b DATE SIGNED (Mo. Day Yr.): 3-11-85

21c HOUR OF DEATH: 5:12 P M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Kenneth K. Magee, MD / 905 Main, Suite 409 / Klamath Falls, Oregon

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo. Day Yr.): MAR 14 1985

22b REGISTRAR [Signature]: James K. Ladd

23 IMMEDIATE CAUSE

PART I (a) Cardiac Arrest (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Interval between onset and death: minutes

DUE TO OR AS A CONSEQUENCE OF (b) Recent Myocardial Infarction — Interval between onset and death: 10d - 1 month

DUE TO, OR AS A CONSEQUENCE OF (c) Advanced Arteriosclerotic Heart Disease — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Renal Failure & Uremia

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo. Day Yr.)	26c HOUR OF INJURY	24 AUTOPSY (Specify Yes or No)	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No			No	No

26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26d DESCRIBE HOW INJURY OCCURRED	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

SEAL

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

DATE ISSUED APRIL 10 1985

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

After recording, return to:
H. F. SMITH
540 Main Street
Klamath Falls, Oregon 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of September A.D., 19 86 at 4:19 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 17099 the 22nd day

FEE $5.00

Evelyn Biehn, County Clerk

By Pam Smith