

85586

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

Vol. M88 Page 4186

MAC 19516-K

STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

77-005522

CERTIFICATE OF DEATH

State File Number

122 Local File Number		100 Middle		Last		DATE OF DEATH (month, day, year) April 23, 1977	
DECLAINE-NAME HAROLD		Edgar		HILL		DATE OF BIRTH (month, day, year) February 27, 1900	
1. RACE (color, Negro, American Indian, etc.) White		2. SEX Male		3. AGE - Last birthday (years) 77		4. Under 1 year Under 1 day	
5. COUNTY OF BIRTH Klamath		6. CITY, TOWN, OR LOCATION OF BIRTH Klamath Falls		7. HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number) Washburn Manor		8. NAME OF SPOUSE Ethel Hill	
9. HAN OF BIRTH Nebraska		10. CITIZEN OF WHAT COUNTRY USA		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		12. KIND OF BUSINESS OR INDUSTRY Southern Pacific Rail Road	
13. SOCIAL SECURITY NUMBER 526-34-1617		14. USUAL OCCUPATION (if not kind of work done during most of working life, given if retired) Roundhouse Foreman - Ret.		15. CITY, TOWN, OR LOCATION Klamath Falls		16. STREET AND NUMBER OF R.P.D. 5128 Harlan Drive	
17. FATHER-NAME Oregon		18. MOTHER-Name Klamath		19. Informant-Name and relationship to deceased Ethel Hill (Wife)		20. APPROXIMATE INTERVAL between onset and death 24	
21. DEATH WAS CAUSED BY Pneumonia		22. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c) Metastatic adenocarcinoma (primary)		23. IF YES were findings considered in determining cause of death No		24. IF YES were findings considered in determining cause of death No	
25. ACCESSIBLE (month, day, year) April 16, 1974		26. DATE OF INJURY (month, day, year) April 23, 1977		27. HOW INJURY OCCURRED (nature of injury in part I or part II, item 18) did not		28. DEATH OCCURRED (hour) 12:20 P.M.	
29. PLACE OF BIRTH (month, day, year) April 16, 1974		30. PLACE OF BIRTH (month, day, year) April 23, 1977		31. I Did/Did Not wear the body after death (specify) did not		32. DATE SIGNED (month, day, year) April 25, 1977	
33. PHYSICIAN-NAME Flake Berven, M.D.		34. NAME (year or print) Flake Berven, M.D.		35. CITY OR TOWN Klamath Falls, Oregon		36. STATE Oregon	
37. MEDICAL DENTAL BUILDING Klamath Falls, Oregon		38. LOCATION Klamath Falls, Oregon		39. DATE (mo., day, year) April 26, 1977		40. DATE RECEIVED BY LOCAL REGISTRAR APR 25 1977	
41. FUNERAL HOME-NAME AND ADDRESS Klamath Falls, Ore. 97601		42. DATE RECEIVED BY STATE REGISTRAR MAY 9 1977		43. RESERVE FOR SUBSEQUENT USE		44. RESERVE FOR SUBSEQUENT USE	

Return.
Mel Kosta, Attorney at Law
325 Main Street
Klamath Falls, OR 97601
Re: Ethel Hill Estate

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 MAR 23 1988

Herbert L. Hirst
HERBERT L. HIRST
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 25th day of March A.D. 19 88 at 12:13 o'clock P M., and duly recorded in Vol. M88 of Deeds on Page 4186

Evelyn Biehn, County Clerk
By Am Smith

FEE \$5.00