

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

Vol. M88 Page 4944

mtc 19568

85-1120064

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

CERTIFICATE OF DEATH

455

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

67

DECEDENT

1. NAME (Last, first, middle initial)
LYDIA VIOLET PHILLIPS

2. SEX
Female

3. RACE
White

4. DATE OF BIRTH (month, day, year)
November 2, 1985

5. DATE OF DEATH (month, day, year)
January 14, 1999

6. CITY, TOWN OR LOCATION OF BIRTH
Klamath Falls

7. CITY, TOWN OR LOCATION OF DEATH
Klamath Falls

8. HOSPITAL OR OTHER INSTITUTION (Name)
1943 Gary Street

9. HOURS OF DEATH (Specify AM or PM)
11-04-85

10. COUNTY OF DEATH
Klamath

11. STATE OF BIRTH
Minnesota

12. CITIZENSHIP
U.S.A.

13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify date)
Widowed

14. SPOUSE (If married, widowed)
Opal A. Phillips

15. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify year, month, day)
NO

16. SOCIAL SECURITY NUMBER
541 - 52 - 5240

17. USUAL OCCUPATION (Specify kind of work done during most of working life)
Housewife

18. KIND OF BUSINESS OR INDUSTRY
At Home

19. RESIDENCE - STATE
Oregon

20. CITY, TOWN OR LOCATION
Klamath Falls

21. STREET AND NUMBER OR R.F.D. NO.
1943 Gary Street

22. NAME OF DECEASED
Wallace Trask

23. BIRTH DATE
11-04-85

24. BIRTH PLACE
Klamath Falls, Or

25. BIRTH TIME
9:00 P.M.

26. BIRTH WEIGHT
11-04-85

27. BIRTH LENGTH
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35. BIRTH DEFECTS
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36. BIRTH OTHER
11-04-85

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