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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

411

Local File Number

State File Number

DECEASED

DECEASED—NAME: First MARTHA Middle MAE Last NAPIER

1. RACE (White, Negro, American Indian, etc. (specify): White
2. DATE OF DEATH (month, day, year): December 5, 1976
3. COUNTY OF DEATH: Klamath
4. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
5. AGE—Last birthday (years): 76
5a. Under 1 year: mos. / days
5b. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): September 30, 1900
7a. STATE OF BIRTH (If not in U.S.A., name country): Kentucky
7b. CITIZEN OF WHAT COUNTRY: USA
7c. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
7d. Inside City Limits (specify yes or no): Yes
7e. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Presbyterian Intercommunity
8. SOCIAL SECURITY NUMBER: 543 - 10 - 1754-B
9. USUAL OCCUPATION (give kind of work done most of working life, even if retired): Housewife
10. KIND OF BUSINESS OR INDUSTRY: Husband
11. NAME OF SPOUSE: Henry Napier
12. RESIDENCE—STREET AND NUMBER: At home
13a. CITY, TOWN, OR LOCATION: Klamath Falls
13b. Inside City Limits (specify yes or no): No
14a. FATHER—NAME: first Oregon middle last
14b. COUNTY: Klamath
14c. MOTHER—Maiden Name: first Katherine middle Bly last Clemmons
14d. INFORMANT—NAME and relationship to deceased: No numbers - Box 499
15. Henry Napier (Husband)
16. Bly OR 97622

CAUSE

PART I. DEATH WAS CAUSED BY: Immediate cause
(a) due to, or as a consequence of: Bronchopneumonia
(b) due to, or as a consequence of: Senile dementia
(c) due to, or as a consequence of: Arteriosclerosis

(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

17. approximate interval between onset and death: (a) 4 days (b) 4 days (c)

	ACCIDENT (specify yes or no)	DATE OF INJURY (month, day, year)	HOUR	INJURY AT WORK (specify yes or no)	PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)	LOCATION (street or R.F.D. No., city or town, county, state)
1.						
2.						
3.						

18a. AUTOPSY (yes or no): No
18b. If yes were findings considered in determining cause of death: [illegible]
19. HOW INJURY OCCURRED (Enter nature of injury in part I or part II. Describe how.)

CERTIFIER

20a. CERTIFICATION—PHYSICIAN: I attended the deceased from: [illegible] month day year
20b. month day year
20c. And Last Saw Him/Her Alive on: month day year
20d. I Viewed the Body: month day year
20e. DEATH OCCURRED (hour): 4:35 P.M.
20f. DATE SIGNED (month, day, year): December 6, 1976
21. PHYSICIAN (Type or Print): [illegible] M.D.
22a. MAILING ADDRESS—PHYSICIAN: [illegible]
22b. NAME (Type or Print): William A. Bartlett, M.D.
22c. [illegible] M.D.
street / city or town / state / zip

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24a. CEMETERY OR CREMATORY—NAME: 2860 Dergrott's Klamath Falls, Oregon 97601
24b. LOCATION: Eternal Hills
24c. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Klamath Falls, Oregon
24d. DATE (month, day, year): Dec. 8, 1976
25a. REGISTRAR'S SIGNATURE: Leonard's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601
25b. DATE RECEIVED BY LOCAL REGISTRAR
26. RESERVED FOR REGISTRAR'S USE
27. DATE RECEIVED BY STATE REGISTRAR

AFTER RECORDING RETURN TO: Henry Napier
Box 499
Bly OR 97622

VS-2 R-69

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.

(SEAL)

VELDON C. BOGE, M.D., Registrar Vital Statistics

By [signature], Deputy Registrar

Date _____ 19____

VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Boivin & Uerlings the 18th day of Aug. A.D., 19 88 at 4:02 o'clock P.M., and duly recorded in Vol. M88 of Deeds on Page 13416

FEE $8.00

Evelyn Biehn County Clerk

By [signature]