K-41383

OREGON STATE HEALTH DIVISION

VITAL STATISTICS SECTION

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10802

Oregon State Board of Health
Division of Vital Statistics

Standard Certificate of Death

STATE OF OREGON

State File No. 6896
Local Registrar's No. 221

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. Exact statement of OCCUPATION is very important.

STATE PRINTING DEPT.

OCT 15 1946

1. PLACE OF DEATH:
(a) County: Klamath
(b) City or town: 5 mi. N. of Ft. Klamath (If outside city or town limits write RURAL)
(c) Name of hospital or institution: Wilson Cottages on Crater Lake Highway (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution ______ In this community: 14 In state: Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Oregon (b) County: Klamath
(c) City or town: 5 Miles N. Fort Klamath (If outside city or town limits write RURAL)
(d) Street No.: Rural (If rural give location)
(e) If foreign born, how long in U.S.A.? ______ years

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3. (a) FULL NAME: Anni-Vesta Wilson
3. (b) If veteran, name war: ______ 3. (c) Social Security No.: ______
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Carl F.
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: March 3, 1906 (Month) (Day) (Year)

8. Age: Years	Months	Days	If less than one day
40	6	21	___ hr. ___ min.

9. Birthplace: Portland, Oregon (City, town, or county) (State or foreign country)
10. Usual occupation: Cabin Operator
11. Industry or business: Own cabins
12. Name (Father): Carrell A. Williams
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Ollie V. Eisenheimer
15. Birthplace: Portland Oregon (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Carl F. Wilson
(b) Address: Wilson Cottages, near Ft. Klamath, Ore on Crater Lake Highway
17. (a) Removal-cremation (Burial, cremation, or removal) (b) Date thereof: 10/8/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Portland, Oregon
18. (a) Signature of funeral director: Ward's Klamath Funeral Home, Marion A. Obee
(b) Address: Klamath Falls, Oregon
19. (a) 10-7-46 (Date received local registrar) (b) Phyllis Duffy (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month October day 7 year 1946 hour 1 minute 15 A.M.
21. I hereby certify that I attended the deceased from Nov 15 1945, to Oct 7, 1946, that I last saw h[er] alive on Sept 23, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Valvular heart disease, mitral insufficiency & stenosis	25 years
Due to Rheumatic fever	
Due to	

Other conditions (Include pregnancy within 3 months of death): [illegible]

Major findings:
Of operations ______
Of autopsy ______

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ______
(b) Date of occurrence ______
(c) Where did injury occur? ______ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ______ (Specify type of place)
While at work? ______ (e) Means of injury ______
23. Signature: [illegible signature] (M. D. or other) M.D.
Address: Klamath Falls Ore Date signed: Oct 7 1946

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: MAY 31 1989

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

[illegible handwriting]

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title co. the 28th day of June A.D., 19 89 at 10:34 o'clock A.M., and duly recorded in Vol. M89, of Deeds on Page 11539.

Evelyn Biehn County Clerk
By [signature]

FEE $8.00