OREGON STATE HEALTH DIVISION ATC #04033408
VITAL STATISTICS SECTION

2348

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Oregon State Board of Health
Division of Vital Statistics

Standard Certificate of Death
STATE OF OREGON

State File No.
Local Registrar's No. 1437

1. PLACE OF DEATH:
(a) County Klamath
(b) City or town Klamath Falls
(c) Name of hospital or institution Hillside Hospital
(d) Length of stay: In hospital or institution 1 day
In this community 4 yrs. In state 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Oregon (b) County Klamath
(c) City or town Klamath Falls
(d) Street No. 828 Owens St.
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Richard Alexander Moore
3. (b) If veteran, name war ----- 3. (c) Social Security No. 700-1...5185
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle E. 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased April 23, 1882
8. AGE: Years 58 Months 0 Days 19
9. Birthplace ----- Iowa
10. Usual occupation Locomotive engineer
11. Industry or business SP R.R.
Father: 12. Name Richard E. Moore
13. Birthplace no record
Mother: 14. Maiden name [illegible] (no record)
15. Birthplace
16. (a) Informant's own signature [signature]
(b) Address [illegible]
17. (a) Removal (b) Date thereof 5/14/40
(c) Place: burial or cremation [illegible]
18. (a) Ward's Klamath Funeral Home
(b) Address Klamath Falls, Oregon
19. (a) 5/15/40 (b) [signature]

MEDICAL CERTIFICATION
20. Date of death: Month May day 12 year 1940 hour 6 minute 55 p.m.
21. I hereby certify that I attended the deceased from May 10, 1940, to May 12, 1940; that I last saw h... alive on May 12, 1940, and that death occurred on the date and hour stated above.
Immediate cause of death Meningitis — Pneumo-Cocci — Duration 2 days
Due to Pneumonia
Due to
Other conditions
Major findings: Of operations
Of autopsy
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Means of injury
23. Signature [signature] M. D.
Klamath Falls, Ore Date signed 5/13/40

After Recording return to:
MRS. Margaret E. Gelhaar
1607 SW 22nd St.
Pendleton, Or. 97801

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 JUN 28 1989

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 6th day of July A.D., 19 89 at 4:03 o'clock P.M., and duly recorded in Vol. M89 of Deeds on Page 12427.

Evelyn Biehn · County Clerk
By [signature]

FEE $8.00