CERTIFICATION OF VITAL RECORD

MTC 27150

OREGON STATE HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol. M92 Page 7417

43263

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

79-003977
State File Number

CERTIFICATE OF DEATH

Local File Number: 77

Item	Entry
Date of Death (month, day, year)	2 February 28, 1979
Deceased—Name (First, Middle, Last)	1 ~~Lovelle~~ Elva George Anderson
Sex	4 Female
Age—Last birthday (years)	5a 84
Date of Birth (month, day, year)	6 December 23, 1894
Race	3 American Indian
County of Death	7a Klamath
City, Town or Location of Death	7b Beatty
Hospital or other institution—Name	7c Residence: Godowa Rd.
State of Birth	8 Oregon
Citizen of What Country	9 U.S.A.
Married, Never Married, Widowed, Divorced	10 Married
Spouse (if married, widowed)	11 Widowed
Was Deceased Ever in U.S. Armed Forces?	12 No
Social Security Number	13 54-38-2995
Usual Occupation	14a Homemaker
Kind of Business or Industry	14b —
Residence—State	15a Oregon
County	15b Klamath
City, Town or Location	15c Beatty
Street and Number or R.F.D., Zip	15d Box 234, Godowa Rd. 97621
Inside City Limits	15e No
Father—Name	16 James George
Mother—Maiden Name	17 Gertrude Gottley
Informant—Name and relationship to deceased	18 Norman Miller Anderson, Son
Location	19c Beatty, Oregon
Burial, Cremation, Removal, Other	19a Burial
Cemetery or Crematory—Name	19b Mausekesket Cemetery
Funeral Service Licensee—Name and Address of Facility	20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
Signature	20a [signature]
Certifier Signature	21a [signature]
Date Signed	21b 3/2/79
Hour of Death	21c 1:05 P. M
Name and Address of Certifier	21d Robert Bomengen M.D. P.O. Box 749, Lakeview, Oregon 97630
Name of Attending Physician if other than Certifier	21e
Date Received by Registrar	22a MAR 6 1979
Registrar	22b [signature]

23 Immediate Cause

PART I (a) cerebrovascular accident — Interval between onset and death: ?

(b) Due to, or as a consequence of: malignant hypertension — 1 week

(c) Due to, or as a consequence of: hypoplastic kidney ... — yrs

PART II Other significant conditions

Item	Entry
Autopsy	24 No
Was case referred to medical examiner or coroner	25 No
Accident	28a
Date of Injury	28b
Hour of Injury	28c
Describe how injury occurred	28d
Injury at Work	28e
Place of Injury	28f
Location	28g

Reserved for Registrar's Use: Item 1 corrected by supplemental #41963. 5-24-79 M Haun ngr

VS-2 Rev-1-79 P-05412

'82 APR 6 AM 11 20

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 0 6 1992

[signature]
EDWARD J. JOHNSON II,
COUNTY REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 9th day of April A.D., 19 92 at 11:20 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 7417.

Evelyn Biehn County Clerk
By [signature]

FEE $10.00

Return: MTC