CERTIFICATION OF VITAL RECORD

45820

OREGON STATE HEALTH DIVISION
CENTER FOR HEALTH STATISTICS Vol. M92 Page 1…

Oregon State Board of Health — Certificate of Death

State Registered No. 67

1. PLACE OF DEATH — Local Registered No. 59

County Klamath State Oregon

Township … or Village … St., … Ward

City Klamath Falls No. Residence, Keno Highway (If death occurred in a hospital or institution, give its name instead of street number)

Length of residence in city or town where death occurred … yrs. … mos. … ds. How long in U. S. if of foreign birth? … yrs. … mos. … ds.

2. FULL NAME Hiram Jacob Mattoon

(a) Residence: No. 1114 East Street St., Klamath Falls, Oregon (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The Late Sadie B. Mattoon

6. DATE OF BIRTH (month, day and year) May 7, 1854

7. AGE Years 80 Months 10 Days 0 If less than 1 day, … hrs. or … min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bailiff Circuit Court

10. Date deceased last worked at this occupation (month and year) December, 1934 11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) Oregon City (State or country) Oregon

13. NAME (FATHER) (?) Mattoon

14. BIRTHPLACE (city or town) Unknown (state or country) Ohio

15. MAIDEN NAME (MOTHER) Unknown

16. BIRTHPLACE (city or town) Unknown (state or country) Unknown

17. INFORMANT W Blmuth (Address) Eugene, Ore.

18. BURIAL, CREMATION OR REMOVAL Place Keno Cemetery, Ore. Date 3/9/35

19. UNDERTAKER Earl Whitlock (Address) Klamath Falls

20. Filed 3/8/35 G. S. … Registrar

Important: See instructions on back of certificate.

'92 JUN 8 AM 10 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1933, to March 7, 1935, that I last saw him alive on March 3, 1935, death is said to have occurred on the date stated above, at 6:40 A.m.

The principal cause of death and related causes of importance in order of onset were as follows: (1) Hemiplegia — Date of onset 1933

Myocardial decompensation 1933

Chronic nephritis — time unknown

Arteritis — many years

Contributory causes of importance not related to principal cause:

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? … Date of injury … 19…

Where did injury occur? … (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury …

Nature of injury …

24. Was disease or injury in any way related to occupation of deceased? No If so, specify …

(Signed) G A Massey M. D.

(Address) Klamath Falls Ore

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 03 1992

Edward J Johnson II
EDWARD J. JOHNSON II, COUNTY REGISTRAR

STATE OF OREGON 1859 — OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 8th day of June A.D., 19 92 at 10:17 o'clock AM., and duly recorded in Vol. M92, of Deeds on Page 12347.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $10.00

Return: MTC