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 53765 Aspen Title #01039154 70-013508  
 STATE OF OREGON - STATE BOARD OF HEALTH  
 Local File Number 296 State File Number  
**CERTIFICATE OF DEATH**

DECEASED—NAME First Middle Last  
 1. CORA FAYE  
 RACE White, Negro, American Indian, etc. (specify)  
 3. White SEX  
 4. Female AGE—Last birthday (year, month, day)  
 5a. 1859 Under 1 year mos. days Under 1 day hours min.  
 5b. 5c. 5d. 5e. 5f. 5g. 5h. 5i. 5j. 5k. 5l. 5m. 5n. 5o. 5p. 5q. 5r. 5s. 5t. 5u. 5v. 5w. 5x. 5y. 5z.  
 DATE OF DEATH (month, day, year)  
 2. September 13, 1970  
 DATE OF BIRTH (month, day, year)  
 6. June 2, 1892

COUNTY OF DEATH  
 7a. Klamath CITY, TOWN, OR LOCATION OF DEATH  
 7b. Klamath Falls Inside City Limits (specify yes or no)  
 7c. Yes HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)  
 7d. Sarah's Guest Home, 1104 Crescent  
 NAME OF SPOUSE  
 11. \_\_\_\_\_

STATE OF BIRTH (if not in U.S.A., name country)  
 8. Oregon CITIZEN OF WHAT COUNTRY  
 9. U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)  
 10. Widowed  
 SOCIAL SECURITY NUMBER  
 12. 540 26 4412 USUAL OCCUPATION (give kind of work done during most of working life, even if retired)  
 13a. Housewife KIND OF BUSINESS OR INDUSTRY  
 13b. At Home

RESIDENCE—STATE  
 14a. Oregon COUNTY  
 14b. Klamath CITY, TOWN, OR LOCATION  
 14c. Klamath Falls Inside City Limits (specify yes or no)  
 14d. Yes STREET AND NUMBER OR R.F.D.  
 14e. 2030 Erie Street

FATHER—NAME first middle last  
 15. Henry L. Gregory MOTHER—Maiden Name first middle last  
 16. Mary E. Owens INFORMANT—NAME and relationship to deceased  
 17. Glenn B. Head (Step-son)

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))  
 18. immediate cause  
 (a) C.V.R. - arteriosclerotic heart disease due to, or as a consequence of: (coronary artery, presumably) 5 yr  
 (b) arteriosclerotic heart disease due to, or as a consequence of: 60 yr  
 (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)  
 19a. NO IF YES were findings considered in determining cause of death  
 19b. \_\_\_\_\_

ACCIDENT (specify yes or no)  
 20a. DATE OF INJURY (month, day, year)  
 20b. HOUR  
 20c. M. 20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)  
 INJURY AT WORK (specify yes or no)  
 20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)  
 20f. LOCATION (street or R.F.D. No., city or town, county, state)  
 20g. \_\_\_\_\_

CERTIFICATION—PHYSICIAN: I attended the deceased from:  
 21. month day year month day year And Last Saw Him/Her Alive on: month day year I Did/Did Not view the body after death (specify)  
 21a. 8 TO death 1/2 7 - 70 Did not DEATH OCCURRED (hour)  
 21b. 2:00 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE  
 22a. M.E. Robinson M.D. NAME (type or print)  
 22b. M.E. Robinson degree or title  
 22c. Sept. 16, 1970 DATE SIGNED (month, day, year)

MAILING ADDRESS—PHYSICIAN  
 23. 425 Pine Street Klamath Falls Oregon 97601

BURIAL, CREMATION, REMOVAL, MAUS. (specify)  
 24a. Burial CEMETERY OR CREMATORY—NAME  
 24b. Mt. View cemetery LOCATION city or town  
 24c. Ashland, Oregon DATE (mo., day, year)  
 24d. Sept. 16, 1970

FUNERAL DIRECTOR—SIGNATURE  
 25a. W. W. Ward FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)  
 25b. Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

REGISTRAR—SIGNATURE  
 26a. M. A. Robinson DATE RECEIVED BY LOCAL REGISTRAR  
 26b. Sept. 22, 1970 DATE RECEIVED BY STATE REGISTRAR  
 27. OCT - 5 1970

RESERVED FOR REGISTRAR'S USE  
 28. \_\_\_\_\_

STATE OF OREGON  
 County of Multnomah ss.  
 DATE ISSUED NOV 16 1970

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

Return To:  
 Verna A. Head  
 2030 Erie  
 Klamath Falls, OR

STATE REGISTRAR

VS-112 Rev. 2-10-70

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 10th day of Nov. A.D., 19 92 at 3:48 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 26746.

FEE \$10.00

Evelyn Biehn - County Clerk

By Lawrence J. Mulken