CERTIFICATION OF VITAL RECORD

MTC 30225-MK

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

67354

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N. B.—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.

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH—PORTLAND
FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 241

STATE FILE NO. 11867

DATE RECEIVED DEC 6 1949

1. NAME OF DECEASED (TYPE OR PRINT): a. (First) Florence b. (Middle) Caroline c. (Last) Bradley

2. PLACE OF DEATH a. COUNTY Klamath
b. CITY OR TOWN (If outside corporate limits, write RURAL location) Klamath Falls
c. LENGTH OF STAY (in this place) 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hillside Hospital

3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Oregon b. COUNTY Klamath
c. CITY OR TOWN (If outside corporate limits, write RURAL) Klamath Falls
d. STREET ADDRESS (If rural, give location) 3204 Crest St.

4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1949
5. SEX Female
6. COLOR OR RACE White
7a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
7b. NAME OF HUSBAND OR WIFE F.M. Bradley

8. DATE OF BIRTH March 22, 1915
9. AGE (in years last birthday) 34 — If Under 1 Year: Months, Days — If Under 24 Hrs: Hours, Min.
10. BIRTHPLACE (State or foreign country) Warner Valley, Lake Co., Ore.
11. CITIZEN OF WHAT COUNTRY? U.S.

12. FATHER'S NAME Frank B. Houston
13. MOTHER'S MAIDEN NAME Florence Follett

14a. USUAL OCCUPATION Hswfe-Truck driver
14b. KIND OF BUSINESS OR INDUSTRY for husband
15. IF VETERAN, NAME WAR no
16. INFORMANT'S OWN SIGNATURE Mrs Ralph Powell

17. SOCIAL SECURITY NO.

18. CAUSE OF DEATH
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Toxic myocarditis assoc.
DUE TO (c) with inflammatory rheumatism 3 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [x] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct 30 1949 TO Nov. 2 1949 THAT I LAST SAW THE DECEASED ALIVE ON Nov. 2 1949 AND THAT DEATH OCCURRED AT 8:50p M., FROM THE CAUSES AND ON THE DATE STATED ABOVE

23a. SIGNATURE (Degree or title) L. L. Trotman, MD
23b. ADDRESS Merrill, Ore
23c. DATE SIGNED 11-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/5/49
24c. NAME OF CEMETERY OR CREMATORY Klamath Memorial Park
24d. LOCATION (City, town, or county) (State) Klamath Falls, Oregon

DATE REC'D BY LOCAL REG. 11-4-49
REGISTRAR'S SIGNATURE Dennis Caldwell
25. FUNERAL DIRECTOR'S SIGNATURE W. W. Ward
ADDRESS Klamath Falls, Oregon

Return:
Dovini Properties
9830 NE 21st
Bellevue, WA 98004

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.

STATE OF OREGON 1859 (seal)

DATE ISSUED JUL 1 9 1993

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

OREGON STATE HEALTH DIVISION (seal)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co the 1st day of Sept. A.D., 19 93 at 3:36 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 22312.

Evelyn Biehn . County Clerk
By Pauline Mullendore

FEE $10.00
Return: Mountain Title Co.