4704

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

Vol. M66 Page 2252

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 83

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: WILLIAM; Middle: ICABOD; Last: CANTRALL

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Malin
C. LENGTH OF STAY IN 29: 15 Years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Tom O'Keeffe Ranch

3. USUAL RESIDENCE (If Institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Malin
D. STREET ADDRESS, RURAL ROUTE, ETC.: 2615 Front Street

4. DATE OF DEATH: Month: March; Day: 4; Year: 1966
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 558-14-3859
9. USUAL OCCUPATION (Kind of work done during most of life): Laborer
10. KIND OF BUSINESS OR INDUSTRY: Great Northern R.R.
11. NAME OF SPOUSE: Dora Cantrall
12. DATE OF BIRTH: Month: June; Day: 9; Year: 1899
13. AGE LAST BIRTHDAY: Yrs.: 66; IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Cedarville, California
15. WAS DECEASED A CITIZEN OF: [X] U. S. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?: World War #1
17. NAME OF FATHER: Thomas Cantrall
18. MAIDEN NAME OF MOTHER: Harriett Morgan
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Dora Cantrall (Wife)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Probable Coronary Occlusion — Interval Between Onset and Death (Years, days, hours, etc.): Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B):
DUE TO (C):
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):

21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy performed? [ ] Yes [X] No

23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR: [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City / County / State
26. TIME OF INJURY: Hour / Month / Day / Year: ..... a. m. ..... p. m.
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (Attended) (Investigated the death of) the deceased from or on March 4, 1966 (date) to ..... (date) and that the death occurred at 10:00 a.m. from the causes and on the date stated above.
➤ S. M. Kerron (Signature) M.D. (Title) Medical Investigator Klamath Falls, Oregon (Address) 3-7-66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 3/8/66
30C. NAME OF CREMATORY OR CEMETERY: Malin Cemetery
30D. LOCATION (City or Town) State: Malin, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 3-7-66
32. REGISTRAR'S SIGNATURE: ➤ Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ➤ Wm P. Kendall — Ward's Klamath Funeral Home, Klamath Falls, Oregon

STATE OF OREGON

County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

S. M. Kerron, M.D.
Registrar Vital Statistics

By Marian Ackerman
Deputy

Date March 9, 1966

Wms Cert VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Dora Cantrall

this 16 day of March A. D. 1966 at 3:32 o'clock P M., and duly recorded in Vol. M-66, of Deeds on Page 2252

DOROTHY ROGERS, County Clerk

Fee 1.50 paid

By Leone M. Boulton

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