OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

4810 M-66 Page 2393

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 13

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First: William; Middle: Harvey; Last: Ayres

2. PLACE OF DEATH — A. COUNTY: Klamath; B. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls; C. LENGTH OF STAY IN 2B: 40 yrs.; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): DOA Presb. Inter. Hosp.

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): Klamath Falls; D. STREET ADDRESS, RURAL ROUTE, ETC.: 736 Doty

4. DATE OF DEATH: Month: Jan. Day: 13 Year: 1966

5. SEX: Male

6. COLOR OR RACE: Cau.

7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.: --

9. USUAL OCCUPATION (Kind of work done during most of life): Launderette attendant

10. KIND OF BUSINESS OR INDUSTRY:

11. NAME OF SPOUSE: Lela Ayres

12. DATE OF BIRTH: Month: Dec. Day: 6 Year: 1903

13. AGE LAST BIRTHDAY: Yrs. 62; IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HOURS: Hours / Minutes

14. BIRTHPLACE (State or Foreign Country): Dayton, Washington

15. WAS DECEASED A CITIZEN OF: ☒ U. S. ☐ Foreign Country — Name of Country:

16. IF DECEASED WAS A VETERAN, WHAT WAR?: W.W. 2

17. NAME OF FATHER: William S. Ayres

18. MAIDEN NAME OF MOTHER: Ida Wick

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Lela Ayres, widow

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.): minutes
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 ☒ 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: ..... a. m. ..... p. m. Month / Day / Year

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (did/did not) (investigated the death of) the deceased from or on Jan. 13, 1966 (date) to (date) and that the death occurred at 2:30 p.m. from the causes and on the date stated above.
► J. Martin Adams, M.D. (Signature) Asst. Med. Inv. (Title) Klamath Falls, Oregon (Address) 1-17-66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other

30B. DATE: 1/15/66

30C. NAME OF CREMATORY OR CEMETERY: Klamath Mem. Park

30D. LOCATION (City or Town) (State): Klamath Falls, Ore

31. DATE RECEIVED BY LOCAL REGISTRAR: 1-17-66

32. REGISTRAR'S SIGNATURE: ► Marian Ackerman

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ► Keith O'Hair O'Hair's Memorial Chapel 515 Pine, Klamath Falls, Ore

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 January 18, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Lola Ayres

this 21st day of March A. D. 1966 at 3:05 o'clock P.M., and

duly recorded in Vol. M-66, of Deeds on Page 2393

Fee $1.50 pd.

DOROTHY ROGERS, County Clerk

By Dolores Lavie