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OREGON STATE BOARD OF HEALTH Vol. M-66 Page 8690
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 128 — STATE FILE NO. — DATE RECEIVED

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

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 28 42 years; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Ponderosa Nursing Home

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. 352 N. 10th Street

4. DATE OF DEATH: Month April; Day 10; Year 1966

5. SEX: Male

6. COLOR OR RACE: White

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

8. SOCIAL SECURITY NO. 542-38-7644

9. USUAL OCCUPATION (Kind of work done during most of life): Retired- Civil Engineer

10. KIND OF BUSINESS OR INDUSTRY

11. NAME OF SPOUSE Ella O. Canton

12. DATE OF BIRTH: Month October; Day 17; Year 1889

13. AGE LAST BIRTHDAY: 76 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes

14. BIRTHPLACE (State or Foreign Country): O'Neill, Nebraska

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

16. IF DECEASED WAS A VETERAN (WAR, WARS): W.W.#1

17. NAME OF FATHER: William John Canton

18. MAIDEN NAME OF MOTHER: Lilly Reynolds

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Wm C. Canton Son

MEDICAL CERTIFICATION

20. CAUSE OF DEATH — PART I — DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Carcinoma of bladder with metastasis to left ureter & Generally thruout & to liver — Interval Between Onset and Death: Apr 66 to Feb 5, 1965 to June 1963 thru Apr, 10 1966
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last: DUE TO (B): Coronary thrombosis. Several attacks 6-24-63 Jan 13 1965 Jan 27 1965 major
DUE TO (C): Diabetes mellitus, mature type — many years

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

25. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)

26. TIME OF INJURY: Hour, Month, Day, Year

27. DESCRIBE HOW INJURY OCCURRED

28. CERTIFICATE: I Certify that I attended the deceased from Apr 10, 1966 to Feb 5 1962, and that the death occurred at 7:30a, from the causes and on the date stated above.
G. A. Massey, M.D. (Signature) (Title) Klamath Falls, Oregon (Address) 4/11/66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

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

30B. DATE: 4/13/66

30C. NAME OF CREMATORY OR CEMETERY: Mt. Calvary cemetery

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

31. DATE RECEIVED BY LOCAL REGISTRAR: 4-12-66

32. REGISTRAR'S SIGNATURE: Marian Ackerman

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W. W. Ward 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 April 11, 1966

VS-16 2/56 **VOID IF ALTERED**

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of William C. Canton
this 29 day of August A. D. 19 66 at 3:20 o'clock P. M., and
duly recorded in Vol. M-66 of Deeds on Page 8690

Fee $1.50

DOROTHY ROGERS, County Clerk
By Jane Stevens

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