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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 381 — STATE FILE NO. — DATE RECEIVED

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

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 25 Yrs.
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Pres. Intercom. Hospital

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. 3750 Pine Grove Rd

4. DATE OF DEATH (Month, Day, Year) December 16, 1966
5. SEX male
6. COLOR OR RACE white
7. MARITAL STATUS ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO. 447-07-1328
9. USUAL OCCUPATION (Kind of work done during most of life) S P R R Water service
10. KIND OF BUSINESS OR INDUSTRY mechanic Railroad
11. NAME OF SPOUSE Frances Taylor
12. DATE OF BIRTH (Month, Day, Year) September 18, 1919
13. AGE LAST BIRTHDAY (Yrs.) 47 — IF UNDER 1 YEAR (Months, Days) — IF UNDER 24 HOURS (Hours, Minutes)
14. BIRTHPLACE (State or Foreign Country) Thaakersville, Oklahoma
15. WAS DECEASED A CITIZEN OF ☒ U. S. ☐ Foreign Country (Name of Country)
16. IF DECEASED WAS A VETERAN, WHAT WAR? 110
17. NAME OF FATHER James Taylor
18. MAIDEN NAME OF MOTHER Hattie Webb
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Frances Taylor, 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): Carcinoma of Lung — Interval Between Onset and Death (Years, days, hours, etc.): 3 yrs.
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 (Bucha's 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) the deceased from or on Feb. 10, 1964 (date) to Dec. 16, 1966 (date) and that the death occurred at 6:22p.m. from the causes and on the date stated above.
➤ John D. Merryman, M.D. (Signature) 303 Pine St. Klamath Falls, Ore. (Title) (Address) 12/17/66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE 12-21-66
30C. NAME OF CREMATORY OR CEMETERY Eternal Hills Memorial Gardens
30D. LOCATION (City or Town) State Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR 12-19-66
32. REGISTRAR'S SIGNATURE ➤ Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS ➤ O'Hair's Memorial Chapel Inc. Keith O'Hair 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 December 19, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record ..... at 1:00 o'clock PM., and
this 21 day of December A.D. 1966
duly recorded in Vol. M66, of Deeds on Page 12577

Fee 1.50

DOROTHY McCLEIS, County Clerk
By Lorene M. Knutson