

17646 CERTIFIED COPY

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL 1247 PAGE 7:59

LOCAL REGISTRAR'S NUMBER		STANDARD CERTIFICATE OF DEATH		STATE FILE NO. '65 015339	
1. NAME OF DECEASED (Print or print all entries in black ink)		First CLAY		Last THOMAS ULAM	
2. PLACE OF DEATH A. COUNTY		B. COUNTY Klamath			
D. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION			
Klamath Falls		Chiloquin			
D. NAME OF HOSPITAL (If not in hospital, give street address)		D. STREET ADDRESS, RURAL ROUTE, ETC.			
Presbyterian Intercommunity Hospital		No numbers - P.O. Box # 364			
4. DATE OF DEATH		5. SEX		6. COLOR OR RACE	
November 26 1965		Male		White	
7. MARITAL STATUS		8. SOCIAL SECURITY NO.			
Married		544-38-9143			
9. USUAL OCCUPATION (Kind of work done during most of life)		10. KIND OF BUSINESS		11. NAME OF SPOUSE	
Rancher		Scal		Lucille Ulam	
12. DATE OF BIRTH		13. AGE LAST BIRTHDAY		14. BIRTHPLACE (State or Foreign Country)	
September 6 1892		73		Canyonville, Oregon	
15. WAS DECEASED A CITIZEN OF		16. IF DECEASED WAS A VETERAN, WHAT WAR?		17. NAME OF FATHER	
Foreign Country				Peter Ulam	
18. MAIDEN NAME OF MOTHER		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED		20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C))	
Henretta Butler		Lucille Ulam (Wife)		PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):	
21. If deceased was Female, was there a pregnancy in the past 12 months?		22. Was an Autopsy performed?		DUE TO (B):	
Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		DUE TO (C):	
23. WAS DEATH RESULT OF		24. IF ACCIDENT, DID INJURY OCCUR		25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)	
Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>		At Work <input type="checkbox"/> Not At Work <input type="checkbox"/>		25B. City County State	
26. TIME OF INJURY		27. DESCRIBE HOW INJURY OCCURRED.			
Hour Month Day Year					
28. CERTIFICATE					
I certify that I attended (or attended for) the deceased from or on (date) to (date) and that the death occurred at 3:50a. from the causes and on the date stated above.					
(Signature) M.D. Klamath Falls, Oregon (Address) (Date Signed)					
29. RESERVED FOR REGISTRAR'S USE					
30A. DECEASED WILL BE		30B. DATE		30C. NAME OF CREMATORY OR CEMETERY	
Buried <input checked="" type="checkbox"/> Cremated <input type="checkbox"/> Other <input type="checkbox"/>		11/26/65		Canyonville Masonic Cem. Canyonville, Oregon	
31. DATE RECEIVED BY LOCAL REGISTRAR		32. REGISTRAR'S SIGNATURE		33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS	
11-26-65		[Signature]		Klamath Falls, Oregon	

STATE OF OREGON
County of Multnomah

DATE ISSUED

OCT 4 1967

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

STATE REGISTRAR

VS-112 Rev. 3-55 VERIFICATION - FOR GOVERNMENT USE ONLY

STATE OF OREGON, } ss
County of Klamath

Filed for record at request of

Taisto A. Pesola

on this 16 day of October A. D. 19 67

at 10:05 o'clock A.M. and duly
recorded in Vol. M-67 of Deeds

Page, 7989

DOROTHY ROGERS, County Clerk

By [Signature] Deputy

Fee 1.50