

19698

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

FORM-68 PAGE 452

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 306		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)		First Middle Last TOULMIE VICTOR HOLLEMAN	
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (If Institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION Klamath Falls		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Presbyterian Intercommunity Hospital		D. STREET ADDRESS, RURAL ROUTE, ETC. 1248 Kane Street	
4. DATE OF DEATH Month Day Year October 29 1967		5. SEX Male	
6. COLOR OR RACE White		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
8. SOCIAL SECURITY NO. 425-03-7489		9. USUAL OCCUPATION (Kind of work done during most of life) Carpenter	
10. KIND OF BUSINESS OR INDUSTRY Self		11. NAME OF SPOUSE Callie Holleman	
12. DATE OF BIRTH Month Day Year September 23 1905		13. AGE LAST BIRTHDAY 62	
14. BIRTHPLACE (State or Foreign Country) Log Town, Mississippi		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country	
16. IF DECEASED WAS A VETERAN, WHAT WAR? -----		17. NAME OF FATHER Toulmie V. Holleman	
18. MAIDEN NAME OF MOTHER Mary Adelaide McCarty		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Callie Holleman (Wife)	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Acute myocardial infarction		Interval Between Onset and Death (Years, days, hours, etc.) 30 min.	
Conditions, if any, which gave rise to above cause (B), stating the underlying cause last: DUE TO (B): Arteriosclerotic Heart Disease		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work	
24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work		25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)	
25B. City County State		26. TIME OF INJURY Hour Minute p. m.	
27. DESCRIBE HOW INJURY OCCURRED.		28. CERTIFICATE: I certify that I (attended) the deceased from or on 10-1-67 (date) and that the death occurred at 6:45p (date) from the causes and on the date stated above.	
29. RESERVED FOR REGISTRAR'S USE		30. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other	
31. DATE RECEIVED BY 32. REGISTRAR'S SIGNATURE 10-31-67 Marian Ackerman		33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wm. P. Kendall 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 StatisticsBy Marian Ackerman
Deputy
Date October 31, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, ss
County of Klamath

Filed for record at request of

Callie Holleman

on this 19 day of January 1968

at 11:58 AM

recorded in Vol. M-68 of Deeds

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DOROTHY R. G. R., County Clerk

Fee 1.50

By Marian Ackerman Deputy

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