20200 VOL M68 PAGE 1063

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER [illegible]

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Charles — Middle: W. — Last: Thomas

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN OR LOCATION: Klamath Falls
C. LENGTH OF STAY IN 2B: 65 Yrs.
D. NAME OF HOSPITAL OR INSTITUTION: Ponderosa Nursing Home

3. USUAL RESIDENCE
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION: Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 2105 [illegible] St.

4. DATE OF DEATH: November 17, 1967

5. SEX: Male

6. COLOR OR RACE: Caucasian

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

8. SOCIAL SECURITY NO.: [illegible]

9. USUAL OCCUPATION: [illegible]

10. KIND OF BUSINESS: [illegible]

11. NAME OF SPOUSE: Mayme L. [illegible]

12. DATE OF BIRTH: January 3, 1877

13. AGE LAST BIRTHDAY: 90 Yrs.

IF UNDER 1 YEAR — Months / Days; IF UNDER 24 HOURS — Hours / Minutes

14. BIRTHPLACE (State or Foreign Country): Appanoose Co., Iowa

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

16. IF DECEASED WAS A VETERAN, WHAT WAR? No

17. NAME OF FATHER: James Thomas

18. MAIDEN NAME OF MOTHER: Louisa A. Donelson

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Mayme L. Thomas, 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): Cardiac failure — Interval between onset and death: terminal

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (B): Blood loss — 24 hrs

DUE TO (C): Severe Diverticulitis — [illegible]

PART II. Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a): Generalized Arteriosclerosis

21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☐ No ☐ Unknown

22. Was an Autopsy performed? ☐ Yes ☒ No

MEDICAL CERTIFICATION

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 attended ////////////// [illegible] 6 Nov '67 (date) And that the death occurred at [illegible] from the causes and on the date stated above.

► E. M. LeVasseur, M.D. (Signature) (Title) Klamath Falls, Ore. (Address) 17 Nov '67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE ☐ ☐ ☐ ☐ — 30B. DATE — 30C. NAME OF CREMATORY OR CEMETERY — 30D. LOCATION (City or Town) — State

31. DATE RECEIVED BY — 32. REGISTRAR'S SIGNATURE: ► [illegible] Ackerman — 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ► Ward O'Hair 515 Pine, K. 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.

S. M. Kerron, M.D.
Registrar Vital Statistics

(SEAL)

By *Marian Ackerman*
Deputy

Date November 27, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss

Filed for record at request of

Mrs. Charles W. Thomas

on this 9th day of February A.D. 19 68

at 3:40 o'clock P. M., and duly

recorded in Vol. M 68 of Deeds

Page 1063

DOROTHY ROGERS, County Clerk

By *[signature]* Deputy

36

Fee 1.50