23935

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

FORM VS-2

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND 97201
PUBLIC HEALTH SERVICE

STATE FILE NO. 5553
DATE RECEIVED M-68

LOCAL REGISTRAR'S NUMBER

1. NAME OF DECEASED (Type or print all entries in black ink) — First: JAMES Middle: LOUIS Last: TOCKEY

2. PLACE OF DEATH
A. COUNTY: Multnomah
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Portland
C. LENGTH OF STAY IN 2B: 1 week
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Portland Sanitarium

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 X
D. STREET ADDRESS, RURAL ROUTE, ETC.: 1124 East Street

4. DATE OF DEATH: May 31 1968 (Month Day Year)
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: XX Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.:
9. USUAL OCCUPATION (Kind of work done during most of life): Salesman
10. KIND OF BUSINESS OR INDUSTRY: National Biscuit Co.
11. NAME OF SPOUSE: Shirley
12. DATE OF BIRTH: August 2 1933 (Month Day Year)
13. AGE LAST BIRTHDAY: 34 Yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HOURS: Hours Minutes
14. BIRTHPLACE (State or Foreign Country): Boelus, Nebraska
15. WAS DECEASED A CITIZEN OF: XX U. S. ☐ Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? ----
17. NAME OF FATHER: George A. Tockey
18. MAIDEN NAME OF MOTHER: Lillie Pedersen
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: George A. Tockey-Father

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): Hodgkin's disease — Interval Between Onset and Death (Years, days, hours, etc.): 2 years
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 XX No
23. WAS DEATH RESULT OF: ☐ Accident ☐ Suicide ☐ Homicide
24. IF ACCIDENT, DID INJURY OCCUR: ☐ At Work ☐ Not at Work
25A. PLACE OF INJURY (Home, 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 (investigated the death of) the deceased from or on 4/12/68 (date) to 5/31/68 (date) and that the death occurred at 4:15AM from the causes and on the date stated above.
Geo. A. Tockey (Signature) M.D. (Title) 511 S.W.10th Ave. (Address) 6/3/68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: XX Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 5/31/68
30C. NAME OF CREMATORY OR CEMETERY: Klamath Falls Mem'l. Pk.
30D. LOCATION (City or Town) State: Klamath Falls Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: JUN 5 1968
32. REGISTRAR'S SIGNATURE: Thos. R. Murdock
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Eston Anderson THE LITTLE CHAPEL OF THE CHIMES, Portland

ONLY VALID AS AN OFFICIAL CERTIFIED COPY BEARING THE SIGNATURE OF THE REGISTRAR VOID IF ALTERED

STATE OF OREGON)
) ss
County of Multnomah)

This is to certify that the foregoing is a reproduction of the original record which was filed in the Vital Statistics Section in the City of Portland, Bureau of Health.

Thos. R. Murdock
Registrar of Vital Statistics

By Gloria Foon

(SEAL)

Date JUN 5 1968

STATE OF OREGON, } ss
County of Klamath

Filed for record at request of
H. F. Smith
on this 21 day of June A.D. 19 68
at 11:10 o'clock AM and duly
recorded in Vol. M-68 of Deeds
Page 5553

DOROTHY ROGERS, County Clerk
By Lucille J. Hoffman (Deputy)

Fee 1.50

9