

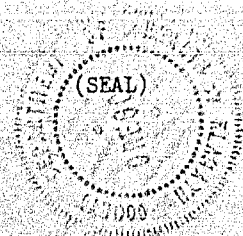
MARGIN RESERVED FOR BINDING
WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
ALL INFORMATION SHOULD BE STATE OF DEATH IN PLAIN TERMS, SO
THAT IT MAY BE PROPERLY CLASSIFIED

LOCAL REGISTRAR'S				STANDARD CERTIFICATE OF DEATH		STATE FILE NO.	
NUMBER		25177		BOARD OF HEALTH - PORTLAND 97201		VOL. 7605	
DATE RECEIVED		1968		PUBLIC HEALTH SERVICE		PAGE 7605	
1. NAME OF DECEASED Thomas Edward Reeves				2. PLACE OF DEATH A. COUNTY Klamath			
3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath				C. CITY, TOWN (If outside corporate limits, so specify) Klamath Falls			
D. NAME OF HOSPITAL (If not in hospital, give street address) P. I. Hospital				E. STREET ADDRESS, RURAL ROUTE, ETC. 2420 Wantland St			
4. DATE OF DEATH August 16, 1968		5. SEX male		6. COLOR OR RACE white		7. MARITAL STATUS ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married	
8. SOCIAL SECURITY NO. 500-07-6638		9. USUAL OCCUPATION Retired		10. KIND OF BUSINESS DECEASED		11. NAME OF SPOUSE Rose Reeves	
12. DATE OF BIRTH Nov. 21, 1891		13. AGE LAST BIRTHDAY 77		14. IF DECEASED WAS A CITIZEN OF FOREIGN COUNTRY		15. IF DECEASED WAS A VETERAN, WHAT WART WW I	
16. BIRTHPLACE (State or Foreign Country) Forest City, Missouri		17. NAME OF FATHER George Reeves		18. MAIDEN NAME OF MOTHER Amanda King		19. INFORMANT'S NAME AND RELATIONSHIP Robert Reeves, Son	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A): Coronary artery occlusion				Interval Between Onset and Death (Years, days, hours, etc.) 30 min			
PART II. Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (B): DUE TO (B): DUE TO (C):				21. If deceased was female, was there a pregnancy in the past 12 months? ☐ Yes ☐ No ☐ Unknown			
22. WAS DEATH RESULT OF ☐ Accident ☐ Suicide ☐ Homicide ☐ Other				23. IF ACCIDENT, DID INJURY OCCUR ☐ At Work ☐ Not At Work			
24. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)				25. CITY County State			
26. TIME OF INJURY Hour Minute				27. DESCRIBE HOW INJURY OCCURRED.			
28. CERTIFICATE I certify that I (Investigator) investigated the death of the deceased from or on and that the death occurred on 8/16/68 at 2:15 PM from the cause and on the date stated above.				29. RESERVED FOR REGISTRAR'S USE			
30. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Other				31. DATE RECEIVED BY LOCAL REGISTRAR 8-16-68			
32. REGISTRAR'S SIGNATURE Marian Johnson				33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS 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.



S. M. KERRON, M. D.
Registrar Vital Statistics
By Marian Johnson
Deputy Registrar
Date Aug 16 1968

VOID IF ALTERED

STATE OF OREGON, } ss
County of Klamath }
Filed for record at request of
Rose Reeves
on this 20 day of August A. D. 19 68
at 4:50 o'clock PM., and duly
recorded in Vol. M-68 of Deeds
Page 7605
DOROTHY ROGERS, County Clerk
By Cynthia K. Westmark
Deputy
Fee 1.50