

CERTIFIED COPY  
30343 OREGON STATE BOARD OF HEALTH  
VITAL STATISTICS SECTION VOL 2045

STANDARD CERTIFICATE OF DEATH '68 006703

LOCAL REGISTRAR'S NUMBER 133

1. NAME OF DECEASED (Print in black ink) William R. Boyd

2. PLACE OF DEATH  
A. COUNTY Klamath  
B. CITY, TOWN, OR LOCATION Klamath Falls  
C. LENGTH OF RESIDENCE 88 years

3. USUAL RESIDENCE (If Institution, give residence before admission)  
A. STATE Oregon  
B. COUNTY Klamath  
C. CITY, TOWN, OR LOCATION Klamath Falls  
D. STREET ADDRESS, RURAL ROUTE, ETC. 1976 Auburn St.

4. DATE OF DEATH May 12, 1968  
5. SEX Male  
6. COLOR OR RACE Caucasian  
7. MARITAL STATUS Married

8. SOCIAL SECURITY NO. 542-54-0455-J  
9. USUAL OCCUPATION Retired  
10. KIND OF BUSINESS OR INDUSTRY

11. NAME OF SPOUSE Anita Boyd

12. DATE OF BIRTH October 16, 1879  
13. AGE LAST BIRTHDAY 88  
14. BIRTHPLACE (State or Foreign Country) Klamath Falls, Oregon  
15. WAS DECEASED A CITIZEN OF U.S. Yes

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

17. NAME OF FATHER Edward J. Boyd  
18. MAIDEN NAME OF MOTHER Frances Ellen Corps  
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Anita Boyd, wife

20. CAUSE OF DEATH (Enter only one cause in line (A), (B), and (C))  
PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) Congestive heart failure  
PART II: Other Significant Conditions Contributing to Death but not related to the terminal disease or condition given in Part I (B) Senile dementia  
PART III: Other Significant Conditions Contributing to Death but not related to the terminal disease or condition given in Part I (C) None

21. If deceased was female, was there a pregnancy in the past 12 months? No  
22. Was an autopsy performed? No

23. WAS DEATH RESULT OF  
Accident Suicide Homicide  
24. IF ACCIDENT, DID INJURY OCCUR AT WORK? No  
25. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)  
26. TIME OF INJURY  
27. DESCRIBE HOW INJURY OCCURRED

28. CERTIFICATE  
I certify that I attended (or attended) the death of the deceased from or on (date) May 12, 1968 and that the death occurred at 10:20 P.M. on the date stated above.  
Signature: [Signature] (Physician)  
Signature: [Signature] (Medical Examiner)  
Signature: [Signature] (Nurse)  
Signature: [Signature] (Other)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE Buried Cremated Removed Other  
30B. DATE 5-16-68  
30C. NAME OF CREMATORY OR CEMETERY Klamath Mem. Park  
30D. LOCATION (City or Town, State) Klamath Falls, Ore.

31. DATE RECEIVED BY LOCAL REGISTRAR 5-17-68  
32. REGISTRAR'S SIGNATURE Mary Nelson  
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS U'Hair's 100 515 Pine St., K. Falls, Ore.

STATE OF OREGON  
County of Multnomah

DATE ISSUED  
MAR 18 1969

Whereby 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.

Marian M. Martin  
STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.  
Filed for record at request of ANITA F. BOYD  
this 21st day of MARCH A. D. 1969 at 2:20 o'clock PM, and  
duly recorded in Vol. M-69, of DEEDS on Page 2045  
Wm D. MILNE, County Clerk  
FEE \$ 1.50  
By [Signature] Deputy