76582

MAY 17 1 58 PM 1973

332
Local File Number

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

71- 17033
State File Number

Vol. M73 Page 5989

DECEASED—NAME (First, Middle, Last): 1. LEO ALBERT REIS

DATE OF DEATH (month, day, year): 2. November 2, 1971

RACE White, Negro, American Indian, etc. (specify): 3. White

SEX: 4. Male

AGE—last birthday (years): 5a. 71

Under 1 year (mos, days): 5b.

Under 1 day (hours, min.): 5c.

DATE OF BIRTH (month, day, year): 6. April 29, 1900

COUNTY OF DEATH: 7a. Klamath

CITY, TOWN, OR LOCATION OF DEATH: 7b. Klamath Falls

Inside City Limits (specify yes or no): 7c. Yes

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 7d. Presbyterian Intercommunity

STATE OF BIRTH (If not in U.S.A., name country): 8. Nebraska

CITIZEN OF WHAT COUNTRY: 9. USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10. Married

NAME OF SPOUSE: 11. Louella Marie Reis

M73

SOCIAL SECURITY NUMBER: 12. 506-05-5617 - A

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 13a. Plumber

KIND OF BUSINESS OR INDUSTRY: 13b. Self

RESIDENCE—STATE: 14a. Oregon

COUNTY: 14b. Klamath

CITY, TOWN, OR LOCATION: 14c. Klamath Falls

Inside City Limits (specify yes or no): 14d. No

STREET AND NUMBER OR R F D: 14e. 4737 Summers Lane

FATHER—NAME (first, middle, last): 15. William Reis

MOTHER—Maiden Name (first, middle, last): 16. Emma Schultz

INFORMANT—NAME and relationship to deceased: 17. Louella Marie Reis (Wife)

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. immediate cause

(a) Metastatic Carcinoma — approximate interval between onset and death: Approx. 6 mo.

due to, or as a consequence of:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

(b)

due to, or as a consequence of:

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

AUTOPSY (yes or no): 19a. No

IF YES were findings considered in determining cause of death: 19b.

ACCIDENT (specify yes or no): 20a.

DATE OF INJURY (month, day, year): 20b.

HOUR: 20c. M.

HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): 20d.

INJURY AT WORK (specify yes or no): 20e.

PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): 20f.

LOCATION (street or R.F.D. No., city or town, county, state): 20g.

CERTIFICATION—PHYSICIAN: I attended the deceased from 21. 8/20/71 to 11/1/71

And last saw (him/her) alive on (month, day, year): 11-1-71

I did/Did Not view the body after death (specify): Did Not

DEATH OCCURRED (hour): 12:40 A M, at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE: 22a. Kenneth K [signature] M.D. FOR for Dr Gutierrez

NAME (type or print), degree or title: Daniel Gutierrez, M.D.

DATE SIGNED (month, day, year): 22c. Nov 2, 1971

MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 23. Medical Dental Building, Klamath Falls, Oregon 97601

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 24a. Burial

CEMETERY OR CREMATORY—NAME: 24b. Eternal Hills

LOCATION (city or town, state): 24c. Klamath Falls, Oregon

DATE (mo., day, year): 24d. Nov. 5, 1971

FUNERAL DIRECTOR—SIGNATURE: 25a. [signature]

FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

REGISTRAR—SIGNATURE: 26a. Winifred Murphy

DATE RECEIVED BY LOCAL REGISTRAR: 26b. Nov. 3, 1971

DATE RECEIVED BY STATE REGISTRAR: 27. NOV 15 1971

RESERVED FOR REGISTRAR'S USE: 28.

VS-2 R-69

DATE ISSUED May 14 1973

STATE OF OREGON, COUNTY OF MULTNOMAH)SS
I HEREBY 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 HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

Return to: Louella M. Reis
4737 Summers Ln

[signature]

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Louella M. Reis

this 17 day of May A. D., 19 73 at 1:20 o'clock P M., and duly recorded in

Vol. M-73, of Deeds on Page 5989

WM. D. MILNE, County Clerk

Fee 2.00

By [signature]