18117

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

13253

Vol. M 76 Page

CERTIFICATE OF DEATH

Local File Number | State File Number

1. DECEASED—NAME First: Ralston	Middle: L.	Last: Thomas				2. DATE OF DEATH (month, day, year): August 2, 1976	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Male	5a. AGE—Last birthday (years): 63	Under 1 year: 5b. mos.	days	Under 1 day: hours	min. 5c.	6. DATE OF BIRTH (month, day, year): September 7, 1912
7a. COUNTY OF DEATH: Lane	7b. CITY, TOWN, OR LOCATION OF DEATH: Eugene		7c. Inside City Limits (specify yes or no): Yes		7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Sacred Heart Hospital		
8. STATE OF BIRTH (If not in U.S.A., name country): Kansas	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married			11. NAME OF SPOUSE: Aurelia Thomas		
12. SOCIAL SECURITY NUMBER: 544-01-7310	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Engineer				13b. KIND OF BUSINESS OR INDUSTRY: Southern Pacific Railroad		
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Klamath Falls	14d. Inside City Limits (specify yes or no): Yes		14e. STREET AND NUMBER OR R.F.D.: 3750 Butte St.		
15. FATHER—NAME first middle last: -	16. MOTHER—Maiden Name first middle last: -				17. INFORMANT—NAME and relationship to deceased: Aurelia Thomas		

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

		approximate interval between onset and death
18. Immediate cause (a)	Uremia + Edema	3 weeks
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of (b)	Chronic Glomerulonephritis	4 years.
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): Laceration Parietal Peritoneum, ASHD & old MI

19a. AUTOPSY (yes or no): Yes	19b. IF YES were findings considered in determining cause of death: YES

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY occurred (enter nature of injury in part I or part II, item 18)
		M.	

20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	20g. LOCATION (street or R.F.D. No., city or town, county, state)

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year	to: month day year	And Last Saw Him/Her Alive on: month day year	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour)	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
7-3-76	8-2-76	8-2-76	Did	6:25 A.M.	

22a. PHYSICIAN—SIGNATURE	22b. NAME (type or print) degree or title	22c. DATE SIGNED (month, day, year)
Emily B. Fergus MD	Emily B. Fergus M.D.	8-5-76

23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 132 E. Broadway Eugene, Oregon

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION city or town state	24d. DATE (mo., day, year)
Cremation	Eternal Hill Crematory	Klamath Falls, Oregon	8-3-1976

25a. FUNERAL DIRECTOR—SIGNATURE	25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
[signature]	McGaffey-Andreason Funeral Home 490 E. 13th Eugene, OR.

26a. REGISTRAR—SIGNATURE	26b. DATE RECEIVED BY LOCAL REGISTRAR	27. DATE RECEIVED BY STATE REGISTRAR
Earl Longton, Deputy	August 5, 1976	

RESERVED FOR REGISTRAR'S USE

28.

VS-2 R-69

Ret. H.F. Smith
540 Main, City

STATE OF OREGON)
)
COUNTY OF Lane)

Date August 5, 1976

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Lane County Department of Health.

A. K. Bottle, Director
Registrar of Vital Statistics

(SEAL)

By Earl Longton, Deputy

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 25th day of August A.D., 19 76 at 10:40 o'clock A M., and duly recorded in Vol M76, of Deeds on Page 13253.

FEE $3.00

WM. D. MILNE, County Clerk
By Dorothy De Vore Deputy