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STATE OF OREGON—STATE HEALTH DIVISION
'78 NOV 3 PM 2 28
Vital Statistics Section

422
Local File Number

CERTIFICATE OF DEATH

M
Vol. 78 Page 24875
State File Number

DECEASED

1. DECEASED—NAME: First GEORGE Middle HENRY Last REAGAN
2. DATE OF DEATH (month, day, year): December 7, 1977
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—last birthday (years): 77
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): November 27, 1900
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Presbyterian Intercommunity
8. STATE OF BIRTH (if not in U.S.A., name of country): Kansas
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Edith Reagan X
12. SOCIAL SECURITY NUMBER: 540 - 18 - 8788
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Meterman - Retired
13b. KIND OF BUSINESS OR INDUSTRY: Oregon Water Corporation
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR RFD: 4408 Arthur Street X
15. FATHER—NAME first middle last: George Reagan
16. MOTHER—Maiden Name first middle last: Nellie Surprise
17. INFORMANT—Name and relationship to deceased: Edith Dockery - Daughter

CAUSE

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) due to, or as a consequence of:	Ventricular fibrillation	seconds
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) due to or as a consequence of:	Arteriosclerotic Heart Disease	yrs
(c)		

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

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

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year): Dec. 7, 1977
20b. HOUR: 5:30 P M
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): Collapsed at home
20d. INJURY AT WORK (specify yes or no): No
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): At home
20f. LOCATION (street or R.F.D. No., city or town, county, state): 4408 Arthur / Klamath Falls / Klamath / Oregon

CERTIFICATION—MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

21a. DEATH OCCURRED (hour): 5:30 P M.
21b. THE DECEDENT WAS PRONOUNCED DEAD (month, day, year, hour): Dec. 7, 1977 6:30 PM.
21c. FROM: Natural Causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐

CERTIFIER

22a. CERTIFIER—SIGNATURE: George R. Nicholson M.D.
22b. NAME—(type or print): George R. Nicholson Degree or Title: M.D.
23. MEDICAL INVESTIGATOR FOR: KLAMATH COUNTY
DATE SIGNED (month, day, year): December 13, 1977

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (month, day, year): Dec. 12, '77
25a. FUNERAL DIRECTOR—SIGNATURE: James K. Ward
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): WARD'S - 1945 Main - Klamath Falls, Oregon 97601
26a. REGISTRAR—SIGNATURE: Marian Duncan
26b. DATE RECEIVED BY LOCAL REGISTRAR: Dec. 14, 1977
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-107 REV. 2-73

ORIGINAL—VITAL STATISTICS COPY

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.

MARJORIE S. COMER, Registrar Vital Statistics
By [signature], Deputy Registrar
Date DEC 14 1977 19
VOID IF ALTERED

STATE OF OREGON, COUNTY OF KLAMATH, ss.

I hereby certify that the within instrument was received and filed for record on the 3rd day of November A.D., 19 78 at 2:28 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 24875.

WM. D. MILNE, County Clerk
By [signature] Deputy

FEE $3.00