

CERTIFICATE OF DEATH

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DECEASED—NAME		First	Middle	Last	State File Number
PAUL		TAYLOR	THOMAS		
RACE White; Black; American Indian, etc. (specify)	SEX	AGE—Last birthday (years)	DATE OF DEATH (month, day, year)		
White	Male	63	July 9, 1979		
COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		DATE OF BIRTH (month, day, year)	
Klamath	Klamath Falls	Kl. Co. Nursing Home		December 4, 1915	
STATE OF BIRTH (if not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	SPOUSE (IF MARRIED, WIDOWED)		IF MOSP. OR INST. indicate DOA: OP/Emas Pm. Inpatient (Specify)
Oklahoma	U.S.A.	Married	Mildred Thomas		7d Inpatient
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
544 - 07 - 4035	Owner - Retired	Restaurant		No	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D.: ZIP		Inside City Limits (specify yes or no)
Oregon	Klamath	Klamath Falls	6323 Maryland Ave.		15e No
FATHER—NAME first middle last	MOTHER—Maiden Name first middle last	INFORMANT—NAME and relationship to deceased (specify yes or no)			
Henry Thomas	Nellie Taylor	Mildred Thomas - Wife			
BURIAL: CREMATION, REMOVAL: MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town state			
Burial	Klamath Memorial Park	Klamath Falls, Oregon			
FUNERAL SERVICE LICENSEE OR person Acting As Such (Signature)	NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo. Day, Yr.)		
	WARD'S - 1945 Main - Klamath Falls, Oregon 97601		7-10-79		
CERTIFIER—NAME AND TITLE (Type or Print)	MAILING ADDRESS (Street, city or town, state, zip)		HOUR OF DEATH		
Everett E. Howard, M.D. / 2622 Campus Dr / Klamath Falls, Or. 97601			3:25 p.m.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)		REGISTRAR			
JUL 12 1979		Marian Ackerman			
PART 1 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
(a) CANCER - LUNG - METASTASIS					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF					12 months
(b)					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death
(c)					Interval between onset and death
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a), (b), and (c).					
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo. Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		AUTOPSY (Specify Yes or No)
No					No
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO. CITY OR TOWN STATE		WAS CASE REFERRED TO MEDICAL EXAMINER
					25 (Specify Yes or No)
RESERVED FOR REGISTRAR'S USE					

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 Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar

VOID IF ALTERED JUL 12 1979

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

VS-2 Rev-8-78 P-65412

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the 15th day of July A.D., 19 80 at 12:13 o'clock P M., and duly recorded in Vol. M80 of Deeds on Page 13093.

FEE \$3.50

WM. D. MILNE, County Clerk
By Bernadette H. Petch Deputy