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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

VOL. M80 Page 22973 0 12054

CERTIFICATE OF DEATH

Local File Number 603 — State File Number

1. DECEASED—NAME: First CHARLEY; Middle DAVID; Last THOMAS
2. DATE OF DEATH (month, day, year): August 1, 1971
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 67
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): October 27, 1903
7a. COUNTY OF DEATH: Jackson
7b. CITY, TOWN, OR LOCATION OF DEATH: Medford
7c. Inside City Limits (specify yes or no):
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Rogue Valley Mem. Hospital
8. STATE OF BIRTH (If not in U.S.A., name country): Nebraska
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Grace Thomas
12. SOCIAL SECURITY NUMBER: 542-11-5064
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Retired- Maintenance man
13b. KIND OF BUSINESS OR INDUSTRY: Railroad
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): X
14e. STREET AND NUMBER OR R.F.D.: 1433 Summers Lane
15. FATHER—NAME first middle last: George Daniel Thomas
16. MOTHER—Maiden Name first middle last: Myrtle May Booth
17. INFORMANT—NAME and relationship to deceased: Mrs. Raymond Beard (Daughter)

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))
18. Immediate cause: Emphysema
(a) due to, or as a consequence of:
(b) due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: Smoking
approximate interval between onset and death: 3 yr

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (c): Chronic Lateral Sclerosis
19. AUTOPSY (yes or no): No
19a. Was operation performed for any condition in Part I? (yes or no): No
20a. ACCIDENT (specify yes or no): NO
20b. DATE OF INJURY (month, day, year):
20c. HOUR:
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II):
20e. INJURY AT WORK (specify yes or no): 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: Aug 1, 1971 to Aug 1, 1971
And last saw him/her alive on: month day year: Aug 1, 1971
I Did/Did Not view the body after death (specify): I DID
22a. PHYSICIAN—SIGNATURE: [signature]
22b. NAME (type or print): JOHN T. BLANDFORD M.D.
22c. DATE SIGNED (month, day, year): Aug 1, 1971
23. MAILING ADDRESS—PHYSICIAN: 1025 East Main street
city or town: Medford
degree or title: M.D.
state: Ore.
zip: 97501
24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION city or town: Klamath Falls
state: Oregon
24d. DATE (mo., day, year): Aug. 4, 1971
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: 8-4-71
27. DATE RECEIVED BY STATE REGISTRAR: AUG 24 1971
28. RESERVED FOR REGISTRAR'S USE

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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 Board of Health and in my official care and custody.

DATE ISSUED
OCT 4 1971

Marian M. Morton
STATE REGISTRAR

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the 26th day of NOVEMBER A.D., 19 80 at 11:08 o'clock A M., and duly recorded in Vol M80 of DEEDS on page 22973.

Fee $ 3.50

WM. D. MILNE, County Clerk
By Jacqueline J. Meyer Deputy