

9066

STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit

Vol. M82 Page 1775

CERTIFICATE OF DEATH  
ORS - 146

State File Number

Local File Number

DATE OF DEATH (MONTH, DAY, YEAR)

February 5, 1982

DATE OF BIRTH (MONTH, DAY, YEAR)

August 5, 1904

COUNTY OF DEATH

Klamath

WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)

No

KIND OF BUSINESS OR INDUSTRY

Southern Pacific Railroad

INSIDE CITY LIMITS (SPECIFY YES OR NO)

Yes

INFORMANT - NAME AND RELATIONSHIP TO DECEASED

Viola Reed / Wife

LOCATION - CITY OR TOWN

Klamath Falls, Oregon

FEDERAL SERVICE LICENSEE OR PERSON ACTING AS NAME AND ADDRESS OF FACILITY

WARD'S - 1945 Main - Klamath Falls, Oregon - 97601

DECEASED - NAME

Ralph

Charles

Reed

RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)

White

SEX

Male

AGE - LAST BIRTHDAY (YEARS)

77

MONTH

DAY

HOURS

MIN.

UNDER 1 YEAR

1 YEAR

2 YEARS

3 YEARS

4 YEARS

5 YEARS

6 YEARS

7 YEARS

8 YEARS

9 YEARS

10 YEARS

11 YEARS

12 YEARS

13 YEARS

14 YEARS

15 YEARS

16 YEARS

17 YEARS

18 YEARS

19 YEARS

20 YEARS

21 YEARS

22 YEARS

CITY, TOWN, OR LOCATION OF DEATH

Klamath Falls

HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET &amp; NO.)

West Medical Center

Em. Room

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

California

CITIZEN OF WHAT COUNTRY

U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

Married

SPOUSE (IF MARRIED, WIDOWED)

Viola

SOCIAL SECURITY NUMBER

700 / 14 / 7249

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)

Communication Inst. - Ret

KIND OF BUSINESS OR INDUSTRY

Southern Pacific Railroad

RESIDENCE - STATE

Oregon

COUNTY

Klamath

CITY, TOWN, OR LOCATION

Klamath Falls

STREET AND NUMBER OR R.F.D.

2321 Darrow Street

INSIDE CITY LIMITS (SPECIFY YES OR NO)

Yes

FATHER - NAME FIRST MIDDLE LAST

William Reed

MOTHER - MAIDEN NAME FIRST MIDDLE LAST

Alice Fredricks

BURIAL CREMATION, REMOVAL, CREMATION, (SPECIFY)

Cremation

CEMETERY OR CREMATORY - NAME

Eternal Hills Memorial Gardens

LOCATION - CITY OR TOWN

Klamath Falls, Oregon

FEDERAL SERVICE LICENSEE OR PERSON ACTING AS NAME AND ADDRESS OF FACILITY

WARD'S - 1945 Main - Klamath Falls, Oregon - 97601

CERTIFICATION - MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

DEATH OCCURRED (HOUR) MONTH DAY YEAR

9:16 A.M. Feb. 5, 1982 / 9:16 A.M.

FROM: NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☒HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

NAME (TYPE OR PRINT)

Michael Cummings, MD

DATE SIGNED (MONTH, DAY, YEAR)

2/5/82

DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)

FEB 9 1982

REGISTRAR

(SIGNATURE)

Chadwick Francis

IMMEDIATE CAUSE

(a) Brain Destruction

DUE TO, OR AS A CONSEQUENCE OF:

(b)

DUE TO, OR AS A CONSEQUENCE OF:

(c)

OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

PART II

DATE OF INJURY (MONTH, DAY, YEAR)

Feb. 5, 1982

INJ. AT WORK (SPECIFY YES OR NO)

No

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)

At Home

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART III, ITEM 25)

Self inflicted gunshot wound to the head

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)

2321 Darrow/Klamath Falls/Klamath/Oregon

RESERVED FOR REGISTRAR'S USE

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 Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Chadwick Francis, Deputy Registrar

Date FEB 9 1982

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 10 day of Feb. A.D., 19 82 at 2:47 o'clock P M and duly recorded in Vol M 82, of Deeds on page 1775

EVELYN BIEHN COUNTY CLERK

by Dyan McQuinn Deputy

FEE \$4.00