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

CERTIFICATE OF DEATH

181 — Local File Number — State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK.

DECEDENT

1 DECEASED—NAME: First STARLA; Middle FERN; Last THOMAS

2 DATE OF DEATH (month, day, year): May 5, 1985

3 RACE (White, Black, American Indian, etc. (Specify)): White

4 SEX: Female

5a AGE—Last birthday (years): 70

5b Under 1 year: mos. / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): June 21, 1914

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center

7c IF HOSP OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in USA name country): Washington

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed

SPOUSE (IF MARRIED, WIDOWED): Beverly Willard Thomas

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

11 SOCIAL SECURITY NUMBER: 541-46-7366

12a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): School Teacher

12b KIND OF BUSINESS OR INDUSTRY: Education

13a RESIDENCE—STATE: Oregon

13b COUNTY: Klamath

13c CITY, TOWN, OR LOCATION: Klamath Falls

13d STREET AND NUMBER OR R.F.D., ZIP: 2121 Holabird St. ~~97601~~

13e Inside City Limits (specify yes or no): Yes

14 FATHER—NAME first middle last: Henry - Parvin

15 MOTHER first middle last (Maiden Name): Winifred Farnsworth

16 INFORMANT—NAME and relationship to deceased: Linda Webb-Bowen, Daughter

DISPOSITION

17a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

17b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

17c LOCATION city or town, state: Klamath Falls, Ore.

18a FUNERAL SERVICE LICENSEE OR [Signature] Acting As Such: [signature]

18b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

19a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [Signature] David D. Reeder M.D.

19b DATE SIGNED (Mo., Day, Yr.): 5/08/85

19c HOUR OF DEATH: 12:05 P. M

19d NAME AND ADDRESS OF CERTIFIER (Type or Print): David D. Reeder, M.D., 2301 Mountain View Blvd., Klamath Falls, Ore. 97601

19e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STING THE DERLYING SE LAST

20a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAY 8 1985

20b REGISTRAR [Signature]: Katherine E. Lamb

CAUSE OF DEATH

PART I

21. IMMEDIATE CAUSE (a) CANCER OF BREAST — [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] — Interval between onset and death: YRS

DUE TO, OR AS A CONSEQUENCE OF: (b)

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)

22a ACCIDENT (Specify Yes or No)	22b DATE OF INJURY (Mo., Day, Yr.)	22c HOUR OF INJURY	22d DESCRIBE HOW INJURY OCCURRED	23 AUTOPSY (Specify Yes or No)	24 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
				No	No

25a INJURY AT WORK (Specify Yes or No)	25b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	25c LOCATION STREET OR R.F.D. NO.	CITY OR TOWN	STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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 Kathryn E. Lamb, Deputy Registrar

Date MAY 8 1985

VOID IF ALTERED

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

Linda Webb-Bowen
1810 Denver Ave
Klamath Falls

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 10th day of May A.D., 1985 at 2:52 o'clock P M, and duly recorded in Vol M85, of Deeds on page 6988.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK
by: [signature], Deputy