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MTC 27892-MK

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH—PORTLAND
FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 34

STATE FILE NO. 1488

DATE RECEIVED MAR 13 1950

1. NAME OF DECEASED (TYPE OR PRINT): a. (First) Beryl b. (Middle) Victoria c. (Last) Reed

201 X

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY OR TOWN (If outside corporate limits, write RURAL location): Klamath Falls
C. LENGTH OF STAY (In this place): 40 yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Klamath Valley Hospital

3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY OR TOWN (If outside corporate limits, write RURAL): Klamath Falls
D. STREET ADDRESS (If rural, give location): 2321 Darrow

4. DATE OF DEATH (Month) (Day) (Year)	5. SEX	6. COLOR OR RACE	7a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	7b. NAME OF HUSBAND OR WIFE
Feb. 22, 1950	Female	White	Married	Ralph C.

8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hrs.: Hours / Min.	10. BIRTHPLACE (State or foreign country)	11. CITIZEN OF WHAT COUNTRY
Nov. 6, 1903	46			Bluird, Texas	U.S.

12. FATHER'S NAME: Arthur V. Wallan
13. MOTHER'S MAIDEN NAME: Nettie Lane

14a. USUAL OCCUPATION	14b. KIND OF BUSINESS OR INDUSTRY	15. IF VETERAN, NAME WAR	16. INFORMANT'S OWN SIGNATURE
Housewife	At home	no	Ralph C. Reed

17. SOCIAL SECURITY NO: 541-30-1783

MEDICAL CERTIFICATION (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))

18. CAUSE OF DEATH
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home; farm; factory, street, office building, forest, etc.)
21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 1947 TO Feb. 1950 THAT I LAST SAW THE DECEASED ALIVE ON 2/22 1950 AND THAT DEATH OCCURRED AT 8:45p M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/25/50	Klamath Memorial Park	Klamath Falls, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
2-24-50	Gloria Caldwell Dep.	W. W. Akin	Klamath Falls, Oregon

FORM VS-2A REV.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE THE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

MARGIN RESERVED FOR BINDING

STATE PRINTING DEPT. 20321

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED JUL 24 1992

Edward J. Johnson II

EDWARD J. JOHNSON II,
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co. the 28th day of July A.D., 19 92 at 11:45 o'clock A.M., and duly recorded in Vol. M92, of Deeds on Page 16637.

Evelyn Biehn, County Clerk

By Darlene Williams

FEE $10.00