

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 141		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) First Middle Last Harley R. Brower			
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (If Institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
B. CITY, TOWN, OR LOCATION Klamath Falls		C. CITY, TOWN, OR LOCATION Klamath Falls	
C. LENGTH OF STAY IN 25 22 yrs		D. STREET ADDRESS, RURAL ROUTE, ETC. 314 Washington	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Presby. Intercom. Hosp.			
4. DATE OF DEATH Month Day Year April 17 1966		5. SEX Male	
6. COLOR OR RACE Caucasian		7. MARITAL STATUS Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/>	
8. SOCIAL SECURITY NO. 700 09 9142		9. USUAL OCCUPATION (Kind of work done during most of life) Retired - Locomotive Engineer	
10. KIND OF BUSINESS OR INDUSTRY		11. NAME OF SPOUSE Katharine Brower	
12. DATE OF BIRTH Month Day Year June 10 1897		13. AGE LAST BIRTHDAY Yrs. Months Days 68	
14. BIRTHPLACE (State or Foreign Country) Ashland, Oregon		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country	
16. IF DECEASED WAS A VETERAN, WHAT WART? No		17. NAME OF FATHER David Marcus Brower	
18. MAIDEN NAME OF MOTHER Delila Miller		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Katharine Brower, widow	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Arteriosclerotic heart disease with failure 17 days Conditions, if any, which gave rise to above cause (B): Arteriosclerosis 10 years Stating the underlying cause last) DUE TO (C): PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): 21. If deceased was Female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide 24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work 25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.) 25B. City County State 26. TIME OF INJURY Hour Minute P. M. 27. DESCRIBE HOW INJURY OCCURRED. 28. CERTIFICATE: I certify that I attended () the deceased from or on 4-1-66 to 4-17-66 and that the death occurred at 1:20AM from the causes and on the date stated above. > R. W. Bspersen, M.D. 921 Main Klamath Falls, Ore 4-18-66 (Signature) (Title) (Address) (Date Signed) 29. RESERVED FOR REGISTRAR'S USE 30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other 30B. DATE 4/20/66 30C. NAME OF CREMATORY OR CEMETERY Mt. View Cemetery 30D. LOCATION (CITY OR TOWN) Ashland Oregon 31. DATE RECEIVED BY LOCAL REGISTRAR 4-19-66 32. REGISTRAR'S SIGNATURE > Marian Ackerman 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS > Keith O'Hair 515 Pine, Klamath Falls, Ore			

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.

(SEAL)

S. M. Kerron, M.D.
Registrar Vital Statistics

By *Marian Ackerman*
Deputy
Date April 20, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, COUNTY OF KLAMATH

Filed for record at request of Katharine Brower

this 21 day of April A.D. 1966 at 11:10 P.M., and

duly recorded in Vol. M-66, of Deeds on Page 3527

DOROTHY ROGERS, County Clerk

Fee \$1.50

By *[Signature]*