

11103 12539
OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 380		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) First Middle Last GLENN CRYSTAL BRUMITT		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
2. PLACE OF DEATH A. COUNTY Klamath B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION Klamath Falls C. LENGTH OF STAY IN 2B 41 years		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls D. STREET ADDRESS, RURAL ROUTE, ETC. 2205 Applegate	
4. DATE OF DEATH Month Day Year December 10 1966		5. SEX Female 6. COLOR OR RACE White 7. MARITAL STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
8. SOCIAL SECURITY NO. 544-50-7183 9. USUAL OCCUPATION (Kind of work done during most of life) Housewife 10. KIND OF BUSINESS OR INDUSTRY At home		11. NAME OF SPOUSE	
12. DATE OF BIRTH Month Day Year January 28 1895		13. AGE LAST BIRTHDAY Yrs. 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HOURS Hours Minutes	
14. BIRTHPLACE (State or Foreign Country) Putnam County, Missouri 15. WAS DECEASED A CITIZEN OF U. S. <input checked="" type="checkbox"/> Foreign Country Name of Country		16. IF DECEASED WAS A VETERAN, WHAT WAR? No	
17. NAME OF FATHER George DeGarmo 18. MAIDEN NAME OF MOTHER Mary Jane Kelly 19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Helen G. Weaver -- Daughter			
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Carcinoma of Stomach Interval Between Onset and Death (Years, days, hours, etc.) 12 mo Conditions, if any, which gave rise to above cause (B): 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 last: leukemia - Arthritis 21. If deceased was Female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown 22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23. WAS DEATH RESULT OF <input type="checkbox"/> Accidental <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 Day Year a. m. p. m.		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE: I certify that I attended the deceased from or on Sept 21 59 to Dec 10 66 and that the death occurred at 3 a. m. from the cause and on the date stated above. Raymond Tice, M.D. Klamath Falls, Oregon 12/15/66 (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 12/13/66 30C. NAME OF CREMATORY OR CEMETERY Klamath Memorial Park 30D. LOCATION (City or Town) State Klamath Falls, Oregon	
31. DATE RECEIVED BY REGISTRAR 12-15-66 32. REGISTRAR'S SIGNATURE Marian Ackerman 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. W. Ward Klamath Falls, Oregon			

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.

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

By Marian Ackerman
Deputy
Date December 15, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, COUNTY OF KLAMATH; ss:

Filed for record at request of Ganong, Ganong & Gordon

this 20 day of Dec. 1966 at 9:21 o'clock A.M., and

duly recorded in Vol. M-66, of Deeds on Page 12532

Fee \$1.50

DOROTHY ROGERS, County Clerk

By [Signature]