STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND 97201
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 140 — 28550 — STATE FILE NO. W69-7769 — PAGE 42 — DATE RECEIVED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE GIVEN FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

FORM VS-1

1. NAME OF DECEASED (Type or print all entries in black ink): First: JOSE — Middle: ELEUTERIO — Last: BRAVO

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 28 LOCATION: 45 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 331 So. Eldorado

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 331 So. Eldorado

4. DATE OF DEATH: Month: May — Day: 17 — Year: 1968
5. SEX: Male
6. COLOR OR RACE: Mexican
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 700-09-7653
9. USUAL OCCUPATION (Kind of work done during most of life): Laborer - retired
10. KIND OF BUSINESS OR INDUSTRY: So. Pac. R.R.
11. NAME OF SPOUSE: Maria H. Bravo
12. DATE OF BIRTH: Month: February — Day: 20 — Year: 1890
13. AGE LAST BIRTHDAY: 78 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Silao, Gto., Mexico
15. WAS DECEASED A CITIZEN OF: [ ] U.S. [X] Foreign Country — Name of Country: Mexico
16. IF DECEASED WAS A VETERAN, WHAT WAR?
17. NAME OF FATHER: Luis Bravo
18. MAIDEN NAME OF MOTHER: Maria Jesus Calderon
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Maria H. Bravo (Wife)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Myocardial Infarction, anterior. (This is probable diagnosis.) — Interval Between Onset and Death: Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B): He was seen a few minutes after death by another Doctor - M. D.. — DUE TO (C): Senility

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? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy performed? [ ] Yes [X] No

23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR: [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City — County — State
26. TIME OF INJURY: Hour ..... a.m. / p.m. — Month — Day — Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended) the deceased from or on May 1964 (date) to 15 April 1968 and that the death occurred at 10:00a from the causes and on the date stated above.
Paulin Sharp M.D. Klamath Falls, Oregon 17 May 68
(Signature) (Title) (Address) (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DISPOSITION: [X] Buried [ ] Cremated [ ] Removal [ ] Other
30B. DATE: 5/20/68
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
30D. LOCATION (City or Town) State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 5-20-68
32. REGISTRAR'S SIGNATURE: Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: 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

(SEAL)

By Mary Nelson
Deputy Registrar

Date JUN 6 1969 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Mrs. Maria Bravo
this 2nd day of January A. D. 1969 at 4:53 o'clock P. M., and
duly recorded in Vol. M-69, of Deeds on Page 42
DOROTHY ROGERS, County Clerk
Fee $1.50 By Charlene K. Horstman Deputy