

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

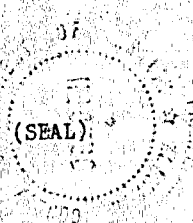
LOCAL REGISTRAR'S NUMBER 202		STANDARD CERTIFICATE OF DEATH STATE OF OREGON BOARD OF HEALTH - PORTLAND 97201 PUBLIC HEALTH SERVICE		STATE FILE NO. 5714 DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entire in black ink)		JAMES MOTLEY BROWN SR.			
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath			
B. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls, 1 Day		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls, 1			
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION P.I. Hospital		D. STREET ADDRESS, RURAL ROUTE, ETC. 2007 Homedale Rd.			
4. DATE OF DEATH Month Day Year 6-27-69		5. SEX Male		6. COLOR OR RACE White	
8. SOCIAL SECURITY NO. 551-10-0599 A		9. USUAL OCCUPATION Ret. Police Officer of Klamath Falls		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
12. DATE OF BIRTH Month Day Year 6-3-04		13. AGE LAST BIRTHDAY 65		11. NAME OF SPOUSE Merle	
14. BIRTHPLACE (State or Foreign Country) California		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 WAR? ****	
17. NAME OF FATHER Samuel T. Brown		18. MAIDEN NAME OF MOTHER Elizabeth Basket		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Merle Brown: Spouse	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) <i>Death by rupture of aortic aneurysm</i> DUE TO (B): <i>Aortic aneurysm</i> DUE TO (C): <i>Indolent</i> PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): <i>Myocardial infarction</i> 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"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work 24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work 25. PLACE OF INJURY (Such as Farm, Home, Forest, etc.) 26. CITY County State 27. DESCRIBE HOW INJURY OCCURRED. 28. CERTIFICATE: I certify that I attended the deceased at the residence of the deceased at 6:00 AM 6/26/69 and that the death occurred at 6:00 AM 6/26/69 from the causes and on the date stated above. Klamath Falls, Ore. 6/26/69 29. RESERVED FOR REGISTRAR'S USE 30. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Other 31. DATE RECEIVED BY LOCAL REGISTRAR 6-30-69 32. REGISTRAR'S SIGNATURE 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Keith O'Hair: Klamath Falls, Ore.					

FORM 102

STATE OF OREGON

County of KIAMATH

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.



NEIL BLACK, M. D.
Registrar Vital Statistics
By *Neil Black*
Date JUL 1 1969 19

VOID IF ALTERED

STATE OF OREGON,
County of Klamath
Filed for record at request of
Mrs James Brown
on this 1 day of July A.D. 19 69
at 3:00 o'clock P M, and duly
recorded in Vol. M-69 of Deeds
Page 5714
Wm D. MILNE, County Clerk
By *Wm D. Milne* Deputy
Fee 1.50
2007 Homedale Rd.

34