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169  
STATE OF OREGON—STATE BOARD OF HEALTH  
Vital Statistics Section  
CERTIFICATE OF DEATH  
State File Number 101 m 74 Page 9272

**DECEASED**  
1. RACE: White  
2. SEX: Female  
3. AGE: 61  
4. DATE OF BIRTH: May 7, 1912  
5. COUNTY OF DEATH: Klamath  
6. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls  
7. CITIZENSHIP: U.S.A.  
8. SOCIAL SECURITY NUMBER: 5-3-36-268  
9. MARITAL STATUS: MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
10. NAME OF SPOUSE: Louis Brown  
11. NAME OF BUSINESS OR INDUSTRY: At home  
12. RESIDENCE-STATE: Oregon  
13. CITY, TOWN, OR LOCATION: Klamath Falls  
14. STREET AND NUMBER OR R.F.D.: 2728 W. 1st  
15. FATHER-NAME: Alton  
16. MOTHER-NAME: Margaret  
17. Louis Brown (Husband)  
18. DEATH WAS CAUSED BY: (Immediate cause)  
19. (Enter only one cause per line for (a), (b), and (c))  
20. (a) due to, or as a consequence of:  
21. (b) due to, or as a consequence of:  
22. (c) due to, or as a consequence of:  
23. (d) due to, or as a consequence of:  
24. (e) due to, or as a consequence of:  
25. (f) due to, or as a consequence of:  
26. (g) due to, or as a consequence of:  
27. (h) due to, or as a consequence of:  
28. (i) due to, or as a consequence of:  
29. (j) due to, or as a consequence of:  
30. (k) due to, or as a consequence of:  
31. (l) due to, or as a consequence of:  
32. (m) due to, or as a consequence of:  
33. (n) due to, or as a consequence of:  
34. (o) due to, or as a consequence of:  
35. (p) due to, or as a consequence of:  
36. (q) due to, or as a consequence of:  
37. (r) due to, or as a consequence of:  
38. (s) due to, or as a consequence of:  
39. (t) due to, or as a consequence of:  
40. (u) due to, or as a consequence of:  
41. (v) due to, or as a consequence of:  
42. (w) due to, or as a consequence of:  
43. (x) due to, or as a consequence of:  
44. (y) due to, or as a consequence of:  
45. (z) due to, or as a consequence of:

**CAUSE**  
1. ACCIDENT: (Specify)  
2. DATE OF INJURY: May 7, 1972  
3. PLACE OF INJURY: (Specify)  
4. INJURY AT WORK: (Specify)  
5. INJURY AT HOME: (Specify)  
6. INJURY AT SCHOOL: (Specify)  
7. INJURY AT OTHER PLACE: (Specify)  
8. INJURY AT OTHER PLACE: (Specify)  
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44. INJURY AT OTHER PLACE: (Specify)  
45. INJURY AT OTHER PLACE: (Specify)

**CERTIFIER**  
1. NAME: Neil Black, M.D.  
2. ADDRESS: (Specify)  
3. CITY, TOWN, OR LOCATION: Klamath Falls  
4. STATE: Oregon  
5. ZIP: 97601  
6. DATE SIGNED: May 9, 1972  
7. SIGNATURE: (Specify)

**BURIAL**  
1. NAME: Neil Black, M.D.  
2. ADDRESS: (Specify)  
3. CITY, TOWN, OR LOCATION: Klamath Falls  
4. STATE: Oregon  
5. ZIP: 97601  
6. DATE SIGNED: May 9, 1972  
7. SIGNATURE: (Specify)

RESERVED FOR REGISTRAR'S USE

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.

NEIL BLACK, M.D., Registrar Vital Statistics

By Neil Black, M.D., Deputy Registrar  
Date MAY 9 1972 1972

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Lewis Brown

this 18th day of August A. D., 1972 at 10:01 o'clock A M., and duly recorded in  
Vol. M72 of Deeds on Page 9272

Fee \$2.00

By WM. D. MILNE, County Clerk  
Lucian Antaly