JAN 17 3 51 PM 1972

722138

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED

DECEASED—NAME: 1. First: GEORGE 2. Middle: NMI 3. Last: BROTHANEK

1. RACE (White, Negro, American Indian, etc. (specify): White
2. SEX: Male
3. DATE OF DEATH (month, day, year): January 7, 1972
4. AGE—Last birthday (years): 67
5a. Under 1 Year: mos. days
5b. Under 1 Day: hours min.
5c. Inside City Limits (specify yes or no): yes
6. COUNTY OF DEATH: Multnomah
7a. CITIZEN OF WHAT COUNTRY: Portland
7b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
7c. NAME OF SPOUSE: Martha
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): U of O Medical School
8. STATE OF BIRTH (If not in U.S.A., name of country): Montana
9. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Farmer
10. KIND OF BUSINESS OR INDUSTRY: Farming
11. STREET AND NUMBER OR RFD: P.O. Box 232
12. RESIDENCE—STATE: Oregon
13a. COUNTY: Klamath
13b. CITY, TOWN, OR LOCATION: Malin
13c. Inside City Limits (specify yes or no): X
14a. FATHER—NAME: John Brothanek
14b. MOTHER—Maiden Name: Mary Bleka
14c. INFORMANT—NAME and relationship to deceased: Martha — Wife
14d. Inside City Limits (specify yes or no): No
15. SOCIAL SECURITY NUMBER: 511-12-9102
16. USUAL RESIDENCE (Street and number or place where deceased lived. If death occurred in institution, give last residence before admission.): South Dakota

approximate interval between onset and death

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

Immediate Cause
1. (a) BRONCHOPNEUMONIA.
2. (b) due to, or as a consequence of: TRAUMATIC ABDOMINAL INJURIES.
3. (c) due to, or as a consequence of:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)

17. INFORMANT—NAME and relationship to deceased: Martha — Wife

18. AUTOPSY (yes or no): YES
19a. IF YES were findings considered in determining cause of death: YES
19b. IF YES, state findings

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year): Oct. 17, 1971
20b. HOUR: ? A.M.
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): Driver in single car fixed object crash.
20a. INJURY AT WORK (specify yes or no): No
20e. PLACE OF INJURY at home, farm, factory, office bldg., etc. (specify): Street
20f. LOCATION (street or R.F.D. No., city or town, county, state): Unknown.
20d. CERTIFICATION—MEDICAL INVESTIGATOR: I CERTIFY that I took charge of this remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:
DEATH OCCURRED (hour): 5:35 p.m. month Jan. day 7, 1972 year
THE DECEDENT WAS PRONOUNCED DEAD (hour): 5:35 p.m. month day year
FROM:
Natural Causes ☒ Accident ☒ Homicide ☐ Suicide ☐ Undetermined ☐ Pending ☐ Degree or Title

CERTIFIER

21a. CERTIFIER—SIGNATURE: [signature]
21b. NAME—(type or print): LARRY V. LEWMAN, M.D.
22a. MEDICAL INVESTIGATOR FOR: STATE OF OREGON
22b. DATE SIGNED (month, day, year): January 27, 1972
23. BURIAL, CREMATION, REMOVAL: BURIAL CREMATION REMOVAL (specify)
24a. CEMETERY OR CREMATORY—NAME: Burial
24b. CEMETERY OR CREMATORY—COUNTY: Malin Community
24c. LOCATION (street, city or town, state, zip): Malin, Oregon
24d. DATE (month, day, year): 1/12/72

BURIAL

24a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25a. REGISTRAR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS: O'Hair's Funeral Chapel, Klamath Falls, Oregon 97601
26a. DATE RECEIVED BY LOCAL REGISTRAR: FEB 2 1972
26b. DATE RECEIVED BY STATE REGISTRAR
27. RESERVED FOR REGISTRAR'S USE

VS-107 R-70

ORIGINAL -- VITAL STATISTICS COPY

611

Date FEB 4 1972

STATE OF OREGON)
)
COUNTY OF MULTNOMAH)

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

(Seal)

Registrar of Vital Statistics

By Audrey Fischer
Deputy Registrar of Vital Statistics

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of P. K. PUCKETT ATTY

this 17th day of JANUARY A. D., 19 at 3;51 o'clock P M., and duly recorded in Vol. M 73, of DEEDS on Page 611

WM. D. MILNE, County Clerk

By Hazel Drazil

FEE $ 2.00

JAN 17 4 55 PM 1972