

91758

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## CERTIFICATE OF DEATH

|                                           |  |                         |  |                                                    |  |                                |  |                                 |  |                                           |  |                              |  |                                             |  |                                                    |  |                                   |  |                                                |  |                                             |  |                                        |  |                                |  |                                                |  |                          |  |
|-------------------------------------------|--|-------------------------|--|----------------------------------------------------|--|--------------------------------|--|---------------------------------|--|-------------------------------------------|--|------------------------------|--|---------------------------------------------|--|----------------------------------------------------|--|-----------------------------------|--|------------------------------------------------|--|---------------------------------------------|--|----------------------------------------|--|--------------------------------|--|------------------------------------------------|--|--------------------------|--|
| 1. NAME OF DECEASED<br>ROYAL BROWN        |  | 2. SEX<br>Male          |  | 3. RACE<br>White                                   |  | 4. DATE OF BIRTH<br>10-10-1148 |  | 5. PLACE OF BIRTH<br>Washington |  | 6. SOCIAL SECURITY NUMBER<br>5541-10-1148 |  | 7. RESIDENCE-STATE<br>OREGON |  | 8. COUNTY<br>Klamath                        |  | 9. CITY/TOWN OR LOCATION OF DEATH<br>Klamath Falls |  | 10. DATE OF DEATH<br>Jan. 7, 1974 |  | 11. TIME OF DEATH<br>8-3-74                    |  | 12. PLACE OF DEATH<br>Klamath Memorial Park |  | 13. CAUSE OF DEATH<br>Cardiac Ischemia |  | 14. MANNER OF DEATH<br>Natural |  | 15. SIGNATURE OF REGISTRAR<br>Marianne Chapman |  | 16. DATE<br>Aug. 5, 1974 |  |
| 17. NAME OF PHYSICIAN<br>Kenneth K. Magee |  | 18. ADDRESS<br>905 Main |  | 19. CITY/TOWN OR LOCATION<br>Klamath Falls, Oregon |  | 20. STATE<br>Oregon            |  | 21. ZIP<br>97601                |  | 22. DATE OF DEATH<br>Jan. 7, 1974         |  | 23. TIME OF DEATH<br>8-3-74  |  | 24. PLACE OF DEATH<br>Klamath Memorial Park |  | 25. CAUSE OF DEATH<br>Cardiac Ischemia             |  | 26. MANNER OF DEATH<br>Natural    |  | 27. SIGNATURE OF REGISTRAR<br>Marianne Chapman |  | 28. DATE<br>Aug. 5, 1974                    |  |                                        |  |                                |  |                                                |  |                          |  |

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.

WILLIAM C. BOON, M.D., Registrar Vital Statistics

By Marianne Chapman Deputy RegistrarDate Aug. 7, 1974

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 1974, at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and duly recorded in

Vol. \_\_\_\_\_ of \_\_\_\_\_ on Page \_\_\_\_\_

WM. D. MILNE, County Clerk

Deputy