98579

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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

41
Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME: First CHESTER; Middle CHEVENS; Last BROWN			2. DATE OF DEATH (month, day, year): February 4, 1975
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Male	5a. AGE—Last birthday (years): 81	Under 1 year: 5b. mos. / days; Under 1 day: 5c. hours / min.
6. DATE OF BIRTH (month, day, year): January 12, 1894			
7a. COUNTY OF DEATH: Klamath	7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	7c. Inside City Limits (specify yes or no): Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Ponderosa Nursing Home
8. STATE OF BIRTH (If not in U.S.A., name country): Michigan	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Myrtle E. Brown
12. SOCIAL SECURITY NUMBER: 540 - 40 - 6237 A	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Manager - retired		13b. KIND OF BUSINESS OR INDUSTRY: Service Station
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Klamath Falls	14d. Inside City Limits (specify yes or no): Yes; 14e. STREET AND NUMBER OR R.F.D.: 2123 Oak Street
15. FATHER—NAME first middle last: Edward — Brown	16. MOTHER—Maiden Name first middle last: Eliza — Chevens		17. INFORMANT—NAME and relationship to deceased: Myrtle E. Brown (Wife)

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

		approximate interval between onset and death
18. Immediate cause (a)	Pneumonia	One month
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of (b)	Urinary Retention & Urinary Infection	one year
due to, or as a consequence of (c)	Arteriosclerosis	4 years

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

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

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
		M.	
20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	20g. LOCATION (street or R.F.D. No., city or town, county, state)	

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year	to: month day year	And Last Saw Him/Her Alive on: month day year	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour)	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
1973	death	Jan 29, 1975	not	7:15 P. M.	

22a. PHYSICIAN—SIGNATURE	NAME (type or print)	degree or Title	22c. DATE SIGNED (month, day, year)
F. V. Rudd M.D.	22b. Francis V. Rudd, M.D.		2/6/75

23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): Medical Dental Building, Klamath Falls, Oregon 97601

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION city or town state	24d. DATE (mo., day, year)
Burial	Eternal Hills	Klamath Falls, Oregon	Feb. 7, 1975

25a. FUNERAL DIRECTOR—SIGNATURE	25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
	Hard's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

26a. REGISTRAR—SIGNATURE	26b. DATE RECEIVED BY LOCAL REGISTRAR	27. DATE RECEIVED BY STATE REGISTRAR
Marjorie Stevenson	FEB 7 1975	FEB 18 1975

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

RECEIVED MAR 1975

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED February 27 1975

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Health Division and in my official care and custody.

STATE OF OREGON

STATE REGISTRAR

Rel: Myrtle Brown
2123 Oak
163-

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of MYRTLE BROWN

this 5th day of MARCH A. D., 1975 at 11:15 o'clock A M., and duly recorded in Vol. M 75, of DEEDS on Page 2536.

FEE $ 2.00

WM. D. MILNE, County Clerk

By Hazel Bragg Deputy