

3952

Vol. 75 PGS 9663

STATE OF OREGON - HEALTH DIVISION

Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED

Usual residence where deceased lived, if death occurred in residence before admission.

1. RACE (Specify)	White	2. SEX	Female	3. AGE (Specify)	80	4. DATE OF DEATH (month, day, year)	August 14, 1975
5. COUNTY OF DEATH	Klamath	6. CITY, TOWN, OR LOCATION OF DEATH	Klamath Falls	7. CITIZEN OR WHAT COUNTRY	U.S.A.	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	YES
9. SOCIAL SECURITY NUMBER	561-01-3904 B	10. HOSPITAL OR OTHER INSTITUTION, NAME (if not in residence, give street and number)	Benjamin Franklin Bragg	11. NAME OF SPOUSE	D.O.A. Pres. Intercomm. Hosp.	12. DATE OF BUSINESS OR INDUSTRY	
13. RESIDENCE-STATE	Oregon	14. CITY, TOWN, OR LOCATION	Klamath Falls	15. STREET AND NUMBER OR R.F.D.	2025 DAYTOW AVE.	16. INFORMANT-NAME and relationship to deceased	Benjamin Franklin Bragg, Husband
17. FATHER-NAME	William McCormick	18. MOTHER-NAME	Martha Smith	19. DEATH WAS CAUSED BY:		20. APPROXIMATE INTERVAL between onset and death	

CAUSE

Conditions, if any, which give rise to stating the cause (a), due to, or as a consequence of: (b), due to, or as a consequence of: (c)

1. ACCIDENT 2. DATE OF INJURY 3. HOUR 4. PLACE OF INJURY (home, farm, street, factory, etc. (Specify)) 5. HOW INJURY OCCURRED (nature of injury in part I or part II, item 18)

6. CERTIFICATION- month day year 7. And last Saw Him/Her Alive on month day year 8. After death (Specify) 9. DEATH OCCURRED (hour) 10. DATE SIGNED (month, day, year)

CERTIFIER

21. PHYSICIAN-SIGNATURE 22. NAME (Type or Print) 23. DEGREE or Title 24. DATE SIGNED (month, day, year)

BURIAL

25. BURIAL CEMETERY, REMOVAL, MAUS. (Specify) 26. ETERNAL HILLS 27. LOCATION 28. CITY or town 29. STATE 30. DATE (month, day, year)

RESERVED FOR REGISTRAR'S USE

31. DATE RECEIVED AT LOCAL REGISTRAR 32. DATE RECEIVED BY STATE REGISTRAR 33. CITY

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.

(SEAL)

VELDON C. BOGE, M.D., Registrar Vital Statistics

By Marion Sherman, Deputy RegistrarDate AUG 15 1975

VOTE IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of BENJAMIN FRANKLIN BRAGGthis 19th day of AUGUST A.D., 1975 at 10:55 o'clock A.M., and duly recorded inVol. M 75, of DEEDS on Page 9663

FEE \$ 3.00

WM. D. MILNE, County Clerk

Deputy