5967 STATE OF OREGON — HEALTH DVISION
Vital Statistics Section
Vol. M 75 Page 12542

116 Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME: First Leonard Middle B. Last BRANT
2. DATE OF DEATH (month, day, year): June 28, 1975
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 75
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): January 4, 1900
7a. COUNTY OF DEATH: Columbia
7b. CITY, TOWN, OR LOCATION OF DEATH: St. Helens
7c. Inside City Limits (specify yes or no): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Columbia Dist. Hospital
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Never Married
11. NAME OF SPOUSE: ********
12. SOCIAL SECURITY NUMBER: 552-22-5058
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Radio Operator
13b. KIND OF BUSINESS OR INDUSTRY: Maritime
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Columbia
14c. CITY, TOWN, OR LOCATION: Columbia City
14d. Inside City Limits (specify yes or no): yes
14e. STREET AND NUMBER OR R.F.D.: P.O. Box 341
15. FATHER—NAME first middle last: Harry S. Brant
16. MOTHER—Maiden Name first middle last: Marie Kullman
17. INFORMANT—NAME and relationship to deceased: Michael Brant, Nephew

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)	Leukemia	2 yrs.
due to, or as a consequence of: (b)		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: due to, or as a consequence of: (c)		

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

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

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)
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 10 - 4 - 73 TO month day year 6 - 28 - 75
And Last Saw Him/Her Alive on: month day year 6 - 28 - 75
I Did/Did Not view the body after death (specify): DID NOT
DEATH OCCURRED (hour): 2:45 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: J. Markiw
22b. NAME (type or print) degree or Title: Juliana Markiw M. D.
22c. DATE SIGNED (month, day, year): 7-11-75
23. MAILING ADDRESS—PHYSICIAN street / city or town / state / zip: 500 N. Hwy St. Helens, Oregon 97051

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
24b. CEMETERY OR CREMATORY—NAME: Rose City Crematory
24c. LOCATION city or town / state: Portland, Oregon
24d. DATE (mo., day, year): July 3,75

25a. FUNERAL DIRECTOR—SIGNATURE: Ethelmae Jordan
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Coleman-Rushing F.H. 681 Col. Blvd. St. Helens, Oregon 97051

26a. REGISTRAR—SIGNATURE: Ethelmae Jordan
26b. DATE RECEIVED BY LOCAL REGISTRAR: July 14, 1975
27. DATE RECEIVED BY STATE REGISTRAR
RESERVED FOR REGISTRAR'S USE

28.

VS-2 R-69

STATE OF OREGON

COUNTY OF COLUMBIA

This certifies that the foregoing is a correct and complete transcript of a record of Death on file with the Columbia County Health Department.

SEAL

Ref: Michael Brandt 305 Main City

Ethelmae Jordan
Columbia County Local Registrar

Date: July 24, 1975

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of MICHAEL BRANDT

this 9th day of OCTOBER A. D., 19 75 at 4;54 o'clock P M., and duly recorded in Vol. M 75, of DEEDS on Page 12542

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Dragel Deputy