

76991

Local File Number 415

CERTIFICATE OF DEATH

DECEASED—NAME First: <u>Alta</u> Middle: <u>Mae</u> Last: <u>Nelson</u>			DATE OF DEATH (month, day, year) <u>2 November 10, 1979</u>		
RACE White, Black, American Indian, etc. (specify) <u>White</u>			SEX <u>Female</u>	AGE—Last birthday (years) <u>76</u>	DATE OF BIRTH (month, day, year) <u>6 July 30, 1903</u>
COUNTY OF DEATH <u>Klamath</u>			CITY, TOWN OR LOCATION OF DEATH <u>Klamath Falls</u>		
STATE OF BIRTH (if not in U.S.A., name country) <u>Idaho</u>			CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
SOCIAL SECURITY NUMBER <u>544-10-7741</u>			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Married</u>		
RESIDENCE—STATE <u>Oregon</u>			CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		
FATHER—NAME first middle last <u>Charles O. Brown</u>			MOTHER—Maiden Name first middle last <u>Joanna Treebellcock</u>		
BURIAL, CREMATION, REMOVAL, MAUS. (specify) <u>Burial</u>			CEMETERY OR CREMATORY—NAME <u>Eternal Hills Memorial Gardens</u>		
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature) <u>Mick Mac</u>			NAME AND ADDRESS OF FACILITY <u>O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601</u>		
DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] <u>NOV 13 1979</u>			REGISTRAR <u>Marian Ackerman</u>		
PART I IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] (a) <u>METASTATIC CANCER BREAST</u>			Interval between onset and death <u>3 years +</u>		
(b) _____			Interval between onset and death _____		
(c) _____			Interval between onset and death _____		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					
ACCIDENT [Specify Yes or No]		DATE OF INJURY [Mo., Day, Yr.]	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	WAS CASE REFERRED TO MEDICAL EXAMINER
26a		26b	26c	26d	25
INJURY AT WORK [Specify Yes or No]		PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN STATE
26e		26f	26g		

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 P-65412

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 Services.



MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar Date NOV 13 1979

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON; COUNTY OF KLAMATH; ss. I hereby certify that the within instrument was received and filed for record on the 16th day of November A.D., 19 79 at 2:46 o'clock P M., and duly recorded in Vol. M79, of Deeds on Page 27005.

FEE \$3.50

WM. D. MILNE, County Clerk By Resmerhan Holath Deputy

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