of Oregon
GON STATE HEALTH DIVISION
rtment of Human Resources

CERTIFICATE OF DEATH

Vol M82 Page 1041

Vital Records Unit

8610 386

Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

DECEASED—NAME First	Middle	Last
1 Esther	Anna	Brown

2 DATE OF DEATH (month, day, year): October 5, 1981

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Female

5a AGE—Last birthday (years): 67

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): May 10, 1914

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center

7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Idaho

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): John H. Brown

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No

13 SOCIAL SECURITY NUMBER: 543-28-6009

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker

14b KIND OF BUSINESS OR INDUSTRY: -

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 3304 Delaware St. 97601

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Herbert Ray McCarty

17 MOTHER—Maiden Name first middle last: Marie Elizabeth Underwood

18 INFORMANT—NAME and relationship to deceased: John H. Brown, Husband

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Lost River Cemetery

19c LOCATION city or town state: Bonanza, Oregon

DISPOSITION

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Mike Ole

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls,

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

21a [Signature]: William A. Bartlett MD

21b DATE SIGNED [Mo., Day, Yr.]: 10/6/81

21c HOUR OF DEATH: 12:15 P. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: William A. Bartlett M.D., 2860 Daggett St., Klamath Falls, Ore. 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: OCT 7 1981

22b REGISTRAR [Signature]: Claudia Francis

CONDITIONS IF any WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

PART I

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] Bleeding Gastric Ulcers — Interval between onset and death: 4 weeks

(a) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(c)

USE OF DEATH

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Liver Postnecrotic Cirrhosis; Diabetes Mellitus

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK [Specify Yes or No]	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	26g LOCATION STREET OR R.F.D. NO.	CITY OR TOWN	STATE

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date OCT 7 1981

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 26 day of January A.D., 19 82 at 12:30 o'clock p M., and duly recorded in Vol M82 of Deeds on page 1041.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce McClure Deputy