

Vital Records Unit
CERTIFICATE OF DEATH

State File Number

Local File Number

DECEASED—NAME First Middle Last JAMES SMITH BROWN			DATE OF DEATH (month, day, year) 2 July 6, 1980		
RACE White, Black, American Indian, etc. (specify) Black			SEX Male		AGE—Last birthday (years) 60
CITY, TOWN OR LOCATION OF DEATH Klamath Falls			HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center		IF HOSP. OR INST. indicate DOA, Outpatient, Inpatient (Specify) Inpatient
STATE OF BIRTH (If not in U.S.A., name country) Rhode Island			CITIZEN OF WHAT COUNTRY USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
SOCIAL SECURITY NUMBER 039 - 09 - 2885			USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Seaman		SPOUSE (If married, widowed) Alice Brown
RESIDENCE—STATE Oregon			COUNTY Klamath	CITY, TOWN OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 3303 Cannon Street 97601
FATHER—NAME first middle last Archie Brown			MOTHER—Maiden Name first middle last Marion Smith		INFORMANT—NAME and relationship to deceased Alice Brown (Wife)
BURIAL, CREMATION, REMOVAL, MAUS (specify) Burial			CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens		LOCATION city or town state Klamath Falls, Oregon
FURNERAL SERVICE LICENSEE OR Person Acting For Each (Signature) <i>[Signature]</i>			NAME AND ADDRESS OF FACILITY Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601		
To be completed by CERTIFYING PHYSICIAN Only 21a (Signature) <i>[Signature]</i> NAME AND ADDRESS OF IDENTIFIER (Type or Print) Blake Berven, M.D., Medical Dental Building, Klamath Falls, Oregon 97601			DATE SIGNED (Mo., Day, Yr.) July 7, 1980		HOUR OF DEATH 1:50 P. M.
21b (Signature) <i>[Signature]</i> NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUL 9 1980			REGISTRAR 22a (Signature) <i>[Signature]</i>		
23 IMMEDIATE CAUSE PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Cardiogenic Shock (b) DUE TO, OR AS A CONSEQUENCE OF: Myocardial infarction (c) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death 12 hrs Interval between onset and death at least 1 yr Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No) No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No
ACCIDENT (Specify Yes or No)			DATE OF INJURY (Mo., Day, Yr.) 26b		
HOUR OF INJURY 26c			DESCRIBE HOW INJURY OCCURRED 26d		
INJURY AT WORK (Specify Yes or No) 26e			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		
LOCATION 26g			STREET OR R.F.D. NO CITY OR TOWN STATE		
RESERVED FOR REGISTRAR'S USE					

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 *[Signature]* Deputy Registrar
Date **JUL 10 1980**

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH ::s:

I hereby certify that the within instrument was received and filed for record on the 16th day of May A.D., 1983 at 2:06 o'clock P M, and duly recorded in Vol M83, of Deeds on page 7604

EVELYN BIEHN COUNTY CLERK

by *[Signature]* Deputy

Fee \$ 4.00