

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK

FOR
INSTRUCTIONS
SEE
HANDBOOK

EDENT
 DEATH
 CURRED IN
 STITUTION
 HANDBOOK
 REGARDING
 MPLETION OF
 SCIENCE ITEMS

POSITION

RTIFIER

CONDITIONS
IF ANY
HIGH GAVE
RISE TO
IMMEDIATE
CAUSE
-ATING THE
UNDERLYING
USE LAST

**USE OF
DEATH**

3/5

Local File Number

First Middle Last
DECEASED—NAME RALPH William BROWN

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

2 DATE OF DEATH (month, day, year)
September 4, 1983

4 SEX Male

5a AGE—Last birthday (years)
78

5b Under 1 year
mos days

5c Under 1 day
hours min

6 DATE OF BIRTH (month, day, year)
July 2, 1905

7a CITY, TOWN OR LOCATION OF DEATH
Klamath Falls

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

7c IF HOSP OR INST indicate DOA (Specify)
Inpatient

7d COUNTY OF DEATH
Klamath

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

9 CITIZEN OF WHAT COUNTRY
U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

11 SPOUSE (If married, widowed)
Ione Lien Brown

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
No

13 SOCIAL SECURITY NUMBER
570-36-7211

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

14b KIND OF BUSINESS OR INDUSTRY
Construction

14c Inside City Limits (specify yes or no)
No

15a RESIDENCE—STATE
Oregon

15b COUNTY
Klamath

15c CITY, TOWN, OR LOCATION
Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP
3821 Barry Avenue

15e

16 FATHER—NAME first middle last
Bert Leonard Brown

17 MOTHER—Maiden Name first middle last
Peggy Ann Latta

18 INFORMANT—NAME and relationship to deceased
Ione L. Brown, wife

19a LOCATION city or town state
Klamath Falls, Oregon 97603

19b BURIAL, CREMATION, REMOVAL, MAUS. (specify)
Burial

19c CEMETERY OR CREMATORY—NAME
Mt. Laki Cemetery

20a FURNERAL SERVICE LICENSEE Or Person Acting As Such
William L. Davenport

20b NAME AND ADDRESS OF FACILITY
Davenport's Chapel of the Good Shepherd, Klamath Falls, Oregon 97603-7194

21a To the best of my knowledge, death occurred on the time, date and place and due to the cause(s) stated
m.d.

21b DATE SIGNED (Mo., Day, Yr.)
Sept 6 '83

21c HOUR OF DEATH
2:10 P.M.

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
Earle M. LeVernois, MD, 2628 Campus Drive, Klamath Falls, Oregon 97601

21e DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
SEP 7 1983

22a REGISTRAR
[Signature]

22b ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)
Cardio Resp Failure

23 IMMEDIATE CAUSE
Cardio Resp Failure

24 DUE TO, OR AS A CONSEQUENCE OF:
Bilat. Pneumonia

25 DUE TO, OR AS A CONSEQUENCE OF:
Comm. duct Obst 2nd to stones

26a ACCIDENT (Specify Yes or No)
No

26b DATE OF INJURY (Mo., Day, Yr.)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No)
No

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION

26h STREET OR R.F.D. NO

26i CITY OR TOWN

26j STATE

27 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/78)

HS-2 (Rev. 1/80)

STATE OF OREGON
County of Klamath

TE 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

MARIAN ACKERMAN, Registrar Vital Statistics

MARIAN ACKERMAN, Registrar
By [Signature] Deputy Registrar
Date SEP 7 1983
VOID IF ALTERED
HEALTH SERVICES

VOID IF ALTERED

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

and file

NOT VALID WITHOUT RAISED SEAL

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for
record on the 14th day of September A.D., 19 83 at 1:54 o'clock P.M.
and duly recorded in Vol M 83, of Deeds on page 15874.

EVELYN BIEHN, COUNTY CLERK
deputy

EVELYN BIEHN, COUNTY CLERK
by Bern. Am. J. H. deputy

Fee \$ 4.00