

33615

Vital Records Unit

TYPE
 OR PRINT
 IN
 PERMANENT
 BLACK
 INK
 FOR
 INSTRUCTIONS
 SEE
 HANDBOOK

PRECEDENT

IF DEATH
 OCCURRED IN
 INSTITUTION,
 SEE HANDBOOK
 REGARDING
 COMPLETION OF
 CERTIFICATE ITEMS.

POSITION

CERTIFIER

CONDITIONS
 IF ANY
 WHICH GAVE
 RISE TO
 IMMEDIATE
 CAUSE
 STATING THE
 UNDERLYING
 CAUSE LAST

CAUSE OF
 DEATH

DECEASED—NAME First Middle Last WILLIAM CLARK BRAY		DATE OF DEATH (month, day, year) 2 September 28, 1983	
1 RACE White, Black, American Indian, etc. (specify) White	2 SEX 4 Male	3 AGE—Last birthday (years) 55	4 DATE OF BIRTH (month, day, year) 6 October 21, 1927
5 CITY, TOWN, OR LOCATION OF DEATH 7a Klamath Falls	6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b West Medical Center	7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify) Inpatient	8 COUNTY OF DEATH 7d Klamath
9 STATE OF BIRTH (If not in U.S.A., name country) Oregon	10 CITIZEN OF WHAT COUNTRY U.S.A.	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	12 SPOUSE (IF MARRIED, WIDOWED) Else Anna Bray
13 SOCIAL SECURITY NUMBER 559 - 32 - 2715	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Janitor	14b KIND OF BUSINESS OR INDUSTRY Hospital	15 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes
16 RESIDENCE—STATE Oregon	17 COUNTY Klamath	18 CITY, TOWN, OR LOCATION Klamath Falls	19 STREET AND NUMBER OR R.F.D., ZIP 4702 Memorie Lane 97603
20 FATHER—NAME first middle last Joe Bray	21 MOTHER—Maiden Name first middle last Hazel M. Dehn	22 INFORMANT—NAME and relationship to deceased Else Bray / Wife	23 LOCATION city or town state Klamath Falls, Oregon
24 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	25 CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	26 FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) James F. Novak	27 NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main St. - Klamath Falls, Oregon - 97601
28 To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		29 DATE SIGNED (Mo., Day, Yr.) 10/3/83	30 HOUR OF DEATH 1:15 a.m.
31 NAME AND ADDRESS OF CERTIFIER (Type or Print) James F. Novak, MD / 1905 Main Street - Klamath Falls, Oregon - 97601		32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
33 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) OCT 03 1983		34 REGISTRAR (Signature) Marian Ackerman	
35 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Cardiorespiratory Arrest		Interval between onset and death 4 min	
(b) Metastatic squamous cell carcinoma of the Lung		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death	
36 ACCIDENT (Specify Yes or No) NO		37 DATE OF INJURY (Mo., Day, Yr.) 28b	
38 INJURY AT WORK (Specify Yes or No) NO		39 HOUR OF INJURY 26c	
40 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		41 DESCRIBE HOW INJURY OCCURRED 26d	
42 LOCATION 26g		43 STREET OR R.F.D. NO 26e	
44 CITY OR TOWN 26f		45 STATE 26g	
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 Marian Ackerman Deputy Registrar
 Date OCT 04 1983

VOID IF ALTERED

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

Return to: Else Bray-4702 Memorie Lane, Klamath Falls, OR 97603

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 February A.D., 1984 at 2:15 o'clock P.M. and duly recorded in Vol M84, of Deeds on page 2485.

EVELYN BIEHN, COUNTY CLERK

Fee \$ 4.00

by Patricia Smith Deputy