

43713

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. M84 Page 20171

CERTIFICATE OF DEATH

State File Number

Local File Number **383**

DECEASED—NAME First Middle Last
ANNA MAY BRISBOIS

DATE OF DEATH (month, day, year)
October 15, 1984

DATE OF BIRTH (month, day, year)
March 3, 1880

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

SEX
Female

AGE—Last birthday (years)
104

Under 1 year Under 1 day
mos. days hours min.

CITY, TOWN OR LOCATION OF DEATH
Klamath Falls

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

IF HOSP. OR INST. Indicate DOA, OP/Emr. Rm. Inpatient (Specify)
Inpatient

COUNTY OF DEATH
Klamath

STATE OF BIRTH (If not in U.S.A. name country)
Wisconsin

CITIZEN OF WHAT COUNTRY
U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
WIDOWED

SPOUSE (IF MARRIED, WIDOWED)
Zeno Daniel

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

SOCIAL SECURITY NUMBER
543 / 10 / 0303

USUAL OCCUPATION (give kind of work done during most of working life, even if retired)
Mangle Operator - Retired

KIND OF BUSINESS OR INDUSTRY
Laundry

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER OR R.F.D., ZIP
Oregon Klamath Klamath Falls 224 McKinley 97601

FATHER—NAME first middle last MOTHER—first middle last (Maiden Name)
Ole Johnson Marthe Johnson Willan Morache - Daughter

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

CEMETERY OR CREMATORY—NAME
Klamath Memorial Park

FUNERAL SERVICE LICENSEE Or Person Acting As Such NAME AND ADDRESS OF FACILITY
WARD'S - 1945 Main - Klamath Falls, Oregon - 97601

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
Blake Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
OCT 19 1984

REGISTRAR
Marian Ackerman

IMMEDIATE CAUSE
Cardiogenic shock

PART I (a) DUE TO, OR AS A CONSEQUENCE OF:
Adtherosclerotic cardiomyopathy

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
Pneumonia

ACCIDENT (Specify Yes or No) DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED
No

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
No

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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 19 1984**

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 **30th** day of **November** A.D., 19 **84** at **2:55** o'clock **P** M, and duly recorded in Vol **M84** of **Deeds** on page **20171**.

EVELYN BIEHN, COUNTY CLERK

by: **Sam Smith**, Deputy

Fee: \$ **5.00**

Return: Willan Morache 224 McKinley Klamath Falls, Oregon 97601