TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number: 469

State File Number:

DECEDENT

1. DECEASED—NAME First: BERTHA Middle: MAY Last: BREHM
2. DATE OF DEATH (month, day, year): November 11, 1985
3. RACE White, Black, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 66
5b. Under 1 year (mos, days):
5c. Under 1 day (hours, min):
6. DATE OF BIRTH (month, day, year): April 17, 1919
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): Texas
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): John
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 541-16-0529
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
14b. KIND OF BUSINESS OR INDUSTRY: At Home

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS →

15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 4146 Douglas 97601
15e. Inside City Limits (specify yes or no): Yes
16. FATHER—NAME first, middle, last: William Robert Carter
17. MOTHER—first, middle, last (Maiden Name): Adie Provence
18. INFORMANT—NAME and relationship to deceased: John Brehm - Husband

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens
19c. LOCATION city or town, state: Klamath Falls, Ore.
20a. FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Jim Lancaster
20b. NAME AND ADDRESS OF FACILITY: Ward's / 1945 Main St. / Klamath Falls, Ore. 976

1 ____
2 ____
3 ____

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]: Kenneth K Magee
21b. DATE SIGNED [Mo. Day Yr]: 11-12-85
21c. HOUR OF DEATH: 5:45 P. M
21d. NAME AND ADDRESS OF CERTIFIER [Type or Print]: Kenneth K. Magee, MD 1900 Main St. Klamath Falls, Ore. 976
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:
22a. DATE RECEIVED BY REGISTRAR [Mo. Day Yr]: NOV 13 1985
22b. REGISTRAR [Signature]: Katherine E. Crounch

CAUSE OF DEATH

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

23. [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I
(a) IMMEDIATE CAUSE: Cardiac Arrest — Interval between onset and death: minutes
(b) DUE TO, OR AS A CONSEQUENCE OF: Complete Heart Block — Interval between onset and death: 10 days
(c) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Heart Disease — Interval between onset and death: years

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Uremia (Kidney failure), Perforated Ulcer duodenal

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

4 ____
5 ____
6 ____

26a. ACCIDENT [Specify Yes or No]: 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

ORIGINAL—VITAL STATISTICS COPY

45-2 REV

Ret. John Brehm 4146 Douglas City

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 Katherine E. Crounch Deputy Registrar

Date Nov 14, 1985

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ____________________
of December A.D., 19 85 at 11:44 o'clock A M., and duly recorded in Vol. M85,
of Deeds on Page 20045.

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith