American Indian

Place of death — City, town or location: Klamath Falls
Hospital or other institution name (if not in either, give street and number): 1300 Patterson St.
Date of birth: February 5, 19[illegible]
County of death: Klamath
State of birth (if not in U.S.A., name country): Oregon
Citizen of what country: U.S.A.
Married, never married, widowed, divorced (specify): Married
Spouse (if married, widowed): Judy Nelson
Was decedent ever in U.S. armed forces? (specify yes or no): No
Social Security Number: 540-62-5725
Usual occupation (give kind of work done during most of working life, even if retired): Logger
Kind of business or industry: Timber Industry
Residence — State: Oregon
County: Klamath
City, town or location: Klamath Falls
Street and number or R.F.D.: 1300 Patterson Street 97601
Inside city limits (specify yes or no): No
Father — name (first, middle, last): Wendell Noel Brown
Mother — maiden name (first, middle, last): Maxine Nelson Krueger
Informant — name and relationship to deceased: Judy Nelson, wife
Burial, cremation, removal (specify): Burial
Cemetery or crematory — name: Friendship Cemetery
Location — city or town, state: Chiloquin, Oregon 97624
Funeral service licensee or person acting as such — signature: William F. Davenport
Name and address of facility: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

CERTIFICATION — MEDICAL EXAMINER

I certify that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

Death occurred (hour): 5:07 A M.
The decedent was pronounced dead (month, day, year; hour): November 9, 1981 5:12 A M.
From: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined ☐ Pending ☐
Certifier — signature: [signature]
Name (type or print): George R. Nicholson, MD
Medical examiner for: Klamath County
Date signed (month, day, year): NOV 1 3 1981
Date received by registrar (mo., day, yr.): NOV 1 3 1981
Registrar (signature): [signature]

Part I — Immediate cause (enter only one cause per line for (a), (b), and (c)):
(a) Hemorrhage & shock — Interval between onset and death: [illegible]
Due to, or as a consequence of:
(b) Close-up or contact gunshot wound right anterior chest
Due to, or as a consequence of:
(c)
Part II — Other significant conditions — conditions contributing to death but not related to cause given in Part I (a)
Autopsy (specify yes or no): Yes

Date of injury (month, day, year): November 9, 1981
Hour: 5:07AM
How injury occurred (enter nature of injury in Part I or Part II, item 23): 22 Caliber revolver wound upper right chest
Inj. at work (specify yes or no): No
Place of injury — at home, farm, street, factory, office bldg., etc. (specify): Residence
Location (street or R.F.D. no., city or town, county, state): 1300 Patterson St., Klamath Falls, Klamath, Oregon
Reserved for registrar's use

ORIGINAL—VITAL STATISTICS COPY

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

(SEAL)

By [signature], Deputy Registrar
Date NOV 2[illegible] 1981
VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE [illegible] DEPT. OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ______________________ the 31st day of July A.D., 19 86 at 3:11 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 13495.

FEE $5.00

Return: KCTC

Evelyn Biehn, County Clerk
By [signature]