

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE PRINTING DEPT.

Oregon State Board of Health  
Division of Vital Statistics

## Standard Certificate of Death

STATE OF OREGON

State File No. **5010**  
Local Registrar's No. **166**

**70-54213**

**1. PLACE OF DEATH:**

(a) County Douglas **SEP 12 1945**

(b) City or town Rural  
(If outside city or town limits write RURAL.)

(c) Name of hospital or institution:  
Umpqua National Forest  
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether in this community \_\_\_\_\_ In state 2 months years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Oregon (b) County Umatilla

(c) City or town Rural  
(If outside city or town limits write RURAL.)

(d) Street No. Pendleton Army Air Field  
(If rural give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years **17 1/2**

**3. (a) FULL NAME** Malvin L. BROWN

**3. (b) If veteran,** name war World War II **3. (c) Social Security** No. 202-07-7822

**4. Sex** Male **5. Color or** Negro **6. (a) Single, widowed, married,** divorced Married

**6. (b) Name of husband or wife** Edna L. Brown **6. (c) Age of husband or wife** If alive ?? years

**7. Birth date of deceased** October 7, 1920  
(Month) (Day) (Year)

**8. Age:** Years 24 Months 9 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Unknown Pennsylvania  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Surgical Technician

**11. Industry or business** U. S. Army

**12. Name** Unknown

**13. Birthplace** Unknown  
(City, town, or county) (State or foreign country)

**14. Maiden name** Ethel Green

**15. Birthplace** Unknown  
(City, town, or county) (State or foreign country)

**MEDICAL CERTIFICATION**

**20. Date of death:** Month August day 6  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_

**21. I hereby certify that I attended the deceased from** signature  
19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive  
on signature, 19\_\_\_\_; and that death occurred on the date  
and hour stated above.

Immediate cause of death falling from tree Duration \_\_\_\_\_

Due to Parachute jump from airplane and landing on tree

Due to Slipped from rope

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically

**16. (a) Informant's own signature** U. S. Army records

**(b) Address** Pendleton AAFld, Oregon

**17. (a) Removal** **(b) Date thereof** 8/9/1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Bryn Mawr, Pennsylvania  
via, Walla Walla, Washington

**18. (a) Signature of funeral director** Frank W. Long

**(b) Address** Douglas Funeral Home  
Roseburg, Oregon

**18. (a)** 8-9-45 **(b)** Paul Cummings  
(Date received local registrar) (Registrar's signature)

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug 6 1945

(c) Where did injury occur? Rural Douglas Oregon  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Forest)  
(Specify type of place)

While at work? No **(e) Means of injury** Falling

**23. Signature** M. O. Strama **(M. D. or other)** Coroner

**Address** Oakland Oregon **Date signed** Aug 9 1945