'77 JAN 28 PM 3 20 OREGON — HEALTH DIVISION
Vital Statistics Section

24770
Local File Number

Vol. M 77 Page 1641
State File Number

CERTIFICATE OF DEATH

DECEASED

1. DECEASED—NAME (First, Middle, Last): Wallace Galbreth Britton
2. DATE OF DEATH (month, day, year): January 14, 1977
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE (Last birthday (years)): 61
5b. Under 1 year (mos., days)
5c. Under 1 day (hours, min.)
6. DATE OF BIRTH (month, day, year): October 7, 1915
7a. COUNTY OF DEATH: Multnomah
7b. CITY, TOWN, OR LOCATION OF DEATH: Portland
7c. Inside City Limits (specify yes or no): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Providence Medical Center
8. STATE OF BIRTH (If not in U.S.A., name country): Washington
9. CITIZEN OF WHAT COUNTRY: U. S.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): married
11. NAME OF SPOUSE: Netta Britton
12. SOCIAL SECURITY NUMBER: 542-12-5603
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Farmer
13b. KIND OF BUSINESS OR INDUSTRY: farming
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Merrill
14d. Inside City Limits (specify yes or no): yes
14e. STREET AND NUMBER OR R.F.D.: P. O. Box 417
15. FATHER—NAME (first, middle, last): James Monroe Britton
16. MOTHER—Maiden Name (first, middle, last): Bernice Bell Burr
17. INFORMANT—NAME and relationship to deceased: Netta Joan Britton- wife

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

18. Immediate cause: (a) Colon carcinoma with metastases — approximate interval between onset and death
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: due to, or as a consequence of: (b) ; 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): None

19a. AUTOPSY (yes or no): yes
19b. IF YES were findings considered in determining cause of death: Yes
20a. ACCIDENT (specify yes or no): No
20b. DATE OF INJURY (month, day, year)
20c. HOUR
20d. HOW INJURY OCCURRED (enter nature of injury in Part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no): No
20f. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify))
20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: month 10 day 30 year 76 to month 1 day 14 year 77. And Last Saw Him/Her Alive on: month 1 day 14 year 77. I did/did not view the body after death (specify): did not
DEATH OCCURRED (hour): 11:45a M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
21. PHYSICIAN—SIGNATURE: David H. Rogan
22a. NAME (type or print): David H. Rogan, M.D. degree or Title
22b. DATE SIGNED (month, day, year): 1/17/77
23. MAILING ADDRESS—PHYSICIAN: 511 S.W. 10th Ave. Portland, Oregon 97205 (street; city or town; state; zip)

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BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): removal-burial
24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): 1-15-77
25a. FUNERAL DIRECTOR—SIGNATURE: Ard H. Ison for
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, Klamath Falls, Or 97601
26a. REGISTRAR—SIGNATURE:
DATE RECEIVED BY LOCAL REGISTRAR: 26b. JAN 19 1977
DATE RECEIVED BY STATE REGISTRAR: 27.
RESERVED FOR REGISTRAR'S USE: 28.

VS-2 R-69

STATE OF OREGON)
)
COUNTY OF MULTNOMAH)

Date JAN 19 1977

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

Rob Del Pankos
Bonnie Beedy
17

Registrar of Vital Statistics

(Seal)

By Audrey Fischer
Deputy Registrar of Vital Statistics

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 28th day of January A.D., 19 77 at 3:20 o'clock P M., and duly recorded in Vol M 77, of DEEDS on Page 1641.

FEE $ 3.00

WM. D. MILNE, County Clerk.

By Hazel Haagen Deputy