of Oregon
ION STATE HEALTH DIVISION
tment of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

Vs M82 Deeds 10111

14320 275
Local File Number

State File Number

DECEDENT—NAME: First WILLIAM; Middle R.; Last BRITTAIN

1 DATE OF DEATH (month, day, year): July 28, 1982

3 RACE: White

4 SEX: Male

5a AGE—Last birthday (years): 80

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): July 23, 1902

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 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): Julia E. Tillman

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No

13 SOCIAL SECURITY NUMBER: 543-10-1910

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Brakeman

14b KIND OF BUSINESS OR INDUSTRY: Railroad Transportation

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 4627 Thompson 97601

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Joseph - Brittain

17 MOTHER—Maiden Name first middle last: Addie - Shull

18 INFORMANT—NAME and relationship to deceased: Julia E. Brittain, wife

19a BURIAL, CREMATION, REMOVAL, OTHER (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Oregon 97601

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

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]: Everett E. Howard

21b DATE SIGNED [Mo., Day, Yr.]: 7-28-82

21c HOUR OF DEATH: 0906 A M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JUL 28 1982

22b REGISTRAR [Signature]: Glenda Francis

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

PART I
(a) ACUTE INFERIOR MYOCARDIAL INFARCTION — Interval between onset and death: 12 hours
DUE TO, OR AS A CONSEQUENCE OF:
(b) ARTERIOSCLEROTIC HEART DISEASE — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

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

24 AUTOPSY [Specify Yes or No]: No

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

26a ACCIDENT [Specify Yes or No]: No

26b DATE OF INJURY [Mo., Day, Yr.]

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK [Specify Yes or No]: 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

HS-2 (Rev. 1/80)

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 Glenda Francis, Deputy Registrar

Date JUL 28 1982

VOID IF ALTERED

(SEAL)

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

AUG 6 AM 10 59 '82

STATE OF OREGON: COUNTY OF KLAMATH ;ss

I hereby certify that the within instrument was received and filed for record on the 6 day of August A.D.,19 82 at 10:59 o'clock A M and duly recorded in Vol M82, of Deeds on page 10111

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK

by Joya McClure Deputy