

Return to: K.T. Co  
Collection # 3978



CEDENT IF DEATH CURRED IN STATUTORY HANDBOOK SIGNING INLETION OF CEMENT ITEM		STATE OF BIRTH (If not in U.S.A.) 1 Texas		CITIZEN OF BIRTH COUNTRY 9 U.S.A.		RESIDENCE 7c Inpatient		Klamath		WAS DECEDENT EVER IN U.S.A. ARMED FORCES? (Specify Yes or No)	
SOCIAL SECURITY NUMBER 13 542-34-6960		MARITAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Housewife		SPOUSE (IF MARRIED, WIDOWED) 11 William R. Brittain		WIDOWED		No			
RESIDENCE—STATE 15a Oregon		CITY, TOWN, OR LOCATION 15c Klamath Falls		STREET AND NUMBER OR R.F.D. ZIP 15d 4627 Thompson 97601		KIND OF BUSINESS OR INDUSTRY 14b Homemaker				Inside City Limits (Specify Yes or No) 15a No	
FATHER—NAME first middle last 16 Elza Joseph Tillman		MOTHER—Maiden Name first middle last 17 Mabel -- Britton		INFORMANT—NAME and relationship to decedent 18 Mary Jo Dixon, daughter							
BURIAL, CREMATION, REINTERMENT (Specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens		LOCATION city or town state 19c Klamath Falls, Oregon 97601							
FURNERAL SERVICE LICENSEE or Person Acting As Such (Signature) 20a William F. Davenport		NAME AND ADDRESS OF FACILITY 20b 6420 South Sixth Street, Klamath Falls, Oregon 97601		DATE SIGNED (Mo. Day, Yr.) 21b 9/27/82		HOUR OF DEATH 21c 6:06 A					
To be Completed by CERTIFYING PHYSICIAN		NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e							
DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) 22a SEP 28 1982		REGISTRAR 22b (Signature) M. Ackerman									
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		(a) ACUTE MYOCARDIAL INFARCTION		Interval between onset and death 24 2 hours							
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death							
(c) DUE TO, OR AS A CONSEQUENCE OF:		OLD ANTERO-POSTERIOR INFARCTION		Interval between onset and death 3 years							
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24 No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No							
ACCIDENT (Specify Yes or No) 26a No		DATE OF INJURY (Mo. Day, Yr.) 26b		HOUR OF INJURY 26c		DESCRIBE HOW INJURY OCCURRED 26d					
INJURY AT WORK (Specify Yes or No) 26a No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26b		LOCATION 26c		STREET OR R.F.D. NO. CITY OR TOWN STATE					
RESERVED FOR REGISTRAR'S USE											

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 Marian Ackerman, Deputy Registrar

Date SEP 28 1982

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH :SS  
I hereby certify that the within instrument was received and filed for record on the 4 day of Oct. A.D., 1982 at 11:29 o'clock A M, and duly recorded in Vol M82, of Deeds on page 13247.

Fee \$ 4.00

EVELYN BIEHN COUNTY CLERK

by Joy McQuinn Deputy