2986 07-19-95P02:17 RCVD Vol M95 Page 18698

Registrar of Vital Statistics

Certified Copy

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116
REGISTRAR'S NO. 173
Registration District No. 580 Primary Registration District No. 5461

1. DECEASED—NAME (First / Middle / Last)	Thelma / L. / Brittain	2. SEX	Female	3. DATE OF DEATH (Month, Day, Year)	7-23-84
4. RACE (White, Black, American Indian, etc. (Specify))	White	5a. AGE—Last Birthday (Years)	64	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year)	4-13-20	7a. COUNTY OF DEATH	Graves		
7b. CITY, TOWN, OR LOCATION OF DEATH	Mayfield	7c. INSIDE CITY LIMITS (Specify Yes or No)	no	7d. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)	Route 2
7e. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)					
8. STATE OF BIRTH (If not in U.S.A., name country)	Oklahoma	9. CITIZEN OF WHAT COUNTRY	USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Gordon L. Brittain				
12. SOCIAL SECURITY NUMBER	440-22-6056	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Beautician - Retired	13b. KIND OF BUSINESS OR INDUSTRY	Hairdresser
14a. RESIDENCE—STATE	Ky.	14b. COUNTY	Graves	14c. CITY, TOWN, OR LOCATION ZIP	Mayfield 42066
14d. INSIDE CITY LIMITS (Specify Yes or No)	no	14e. STREET AND NUMBER	Route 2		
15. FATHER—NAME (First / Middle / Last)	Lloyd / Eckert	16. MOTHER—MAIDEN NAME (First / Middle / Last)	Florence / Lewis		
17a. INFORMANT—NAME	Mr. Gordon L. Brittain	17b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	Route 2, Mayfield, Kentucky 42066		

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — Approximate Interval Between Onset and Death

18. IMMEDIATE CAUSE
(a) Multiple Myeloma — 4 1/2 mos.
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(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)	19a. AUTOPSY (Yes or No)	19b. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)	19c. WAS THERE A PREGNANCY IN LAST 60 DAYS (YES, NO, UNK.)

20a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	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)
		M.	

20e. INJURY AT WORK (Specify Yes or 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, State)

To be Completed by CERTIFYING PHYSICIAN Only

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) J. Slaughter M.D
21b. DATE SIGNED (Mo., Day, Yr.) 7-26-84
21c. HOUR OF DEATH 9:32 P. M
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER or CORONER Only

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)
22b. DATE SIGNED (Mo., Day, Yr.)
22c. HOUR OF DEATH M
22d. PRONOUNCED DEAD (Mo., Day, Yr.)
22e. PRONOUNCED DEAD (Hour) AT M

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)
J. Slaughter 220 W. Walnut Mayfield Ky
(City or Town, State)

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION
Burial	Farmington Cemetery	Farmington, Kentucky

24d. DATE (Month, Day, Year)	25a. FUNERAL DIRECTOR—SIGNATURE	ADDRESS (ZIP CODE) OF FUNERAL HOME
7-25-84	Ed Ray	1020 Paris Road, Mayfield, Ky. 42066

25b. NAME OF FUNERAL HOME	26a. REGISTRAR—SIGNATURE	26b. DATE ACCEPTED BY LOCAL REGISTRAR
Byrn Funeral Home	Donna Lee Rodgers	July 27 1994

I, Omar L. Greeman, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of death of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 6 day of July, 1995.

19832
Fee Control Number

Omar L. Greeman
Omar L. Greeman, State Registrar

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Kathy Purcell the 19th day of July A.D., 19 95 at 2:17 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 18698.

Bernetha G. Letsch, County Clerk
By Lynette Ellerby

RETURN: Kathy Purcell
4305 HWY 39
K Falls, Or 97603

FEE $10.00