

Local File Number

State File Number

DECEASED—NAME			FIRST			MIDDLE			LAST			DATE OF DEATH (MONTH, DAY, YEAR)		
			Max			Donald			RALLS			2 November 5, 1984		
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)			SEX			AGE—LAST BIRTHDAY (YEARS)			UNDER 1 YEAR			DATE OF BIRTH (MONTH, DAY, YEAR)		
1 White			4 Male			5A 67			5B MOS. 5C DAYS 5D HOURS 5E MIN.			6 May 24, 1917		
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.)			IF HOSP. OR INST. INDICATE DOA, H.M., INPATIENT (SPECIFY)			COUNTY OF DEATH					
7A Grants Pass			7B 912 Kings Way			7C —			7D Josephine					
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)			SPOUSE (IF MARRIED, WIDOWED)			WAS DECEDENT EVER IN U.S. ARMED FORCES (SPECIFY YES OR NO)		
8 Idaho			9 U.S.A.			10 Married			11 Lillian			12 Yes		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY								
13 530-03-4743			14A Diesel Mechanic			14B Engine Repair								
RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER OR R.F.D. ZIP			INSIDE CITY LIMITS (SPECIFY YES OR NO)		
15A Oregon			15B Josephine			15C Grants Pass			15D 912 Kings Way			15E No		
FATHER—NAME			FIRST			MIDDLE			LAST			MOTHER—FIRST		
16 Joseph Winston Ralls												17 Anna Ethel Ray		
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)			CEMETERY OR CREMATORY—NAME			LOCATION—CITY OR TOWN			STATE					
18A Removal, Burial			18B Dry Creek Cemetery			18C Boise, Idaho								
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE			NAME AND ADDRESS OF FACILITY											
20A Robert J. J. J.			20B Slawson's Chapel Of The Valley, 2065 Upper River Rd.											
CERTIFICATION—MEDICAL EXAMINER														
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:														
DEATH OCCURRED (HOUR)			THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR)			FROM:			NATURAL CAUSES <input type="checkbox"/>			ACCIDENT <input type="checkbox"/>		
21A 9:10 a			21B November 5, 1984			21C 9:20a			HOMICIDE <input type="checkbox"/>			SUICIDE <input checked="" type="checkbox"/>		
CERTIFIER—SIGNATURE			NAME—(TYPE OR PRINT)			DEGREE OR TITLE								
21D Daniel L. Moline, M.D.			21E Daniel L. Moline, M.D.			21F November 12, 1984								
MEDICAL EXAMINER FOR:			COUNTY			DATE SIGNED (MONTH, DAY, YEAR)								
21F Josephine														
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)			REGISTRAR											
22A November 13, 1984			22B (SIGNATURE) [Signature]											
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)														
(A) Gunshot wound of head												Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:												Instantaneous		
(B)												Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death		
(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)												AUTOPSY (SPECIFY YES OR NO)		
23 No												24 No		
DATE OF INJURY (MONTH, DAY, YEAR)			HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)											
25A 11-5-84			25B 9:10 am			25C Despondent male who shot himself in right side of head with 30/30 rifle								
INJ. AT WORK (SPECIFY YES OR NO)			PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)			LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)								
25D No			25E Home			25F 912 Kings Way, Grants Pass OR								
RESERVED FOR REGISTRAR'S USE														

ORIGINAL - VITAL STATISTICS COPY

45-107 REV. 12-83

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

AFTER RECORDING TO:

LILLIAN RALLS
912 KINGS WAY
GRANTS, OR 97526

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

Joseph D. Carney, State Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 21st day of Oct. A.D., 19 91 at 10:59 o'clock A M., and duly recorded in Vol. M91, of Deeds on Page 21930

Evelyn Biehn County Clerk

By [Signature]

FEE \$8.00