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550-84
Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH
ORS - 146

Vol. M91 Page 21930
845019741
State File Number

DECEASED - NAME FIRST MIDDLE LAST Max Donald RALLS			DATE OF DEATH (MONTH, DAY, YEAR) 2 November 5, 1984		
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) 1 White		SEX 4 Male	AGE - LAST BIRTHDAY (YEARS) 5A 67		UNDER 1 YEAR MOS. DAYS HOURS MIN. 5B 5C 5D
CITY, TOWN, OR LOCATION OF DEATH 7A Grants Pass		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET & NO.) 7B 912 Kings Way		COUNTY OF DEATH 7D Josephine	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8 Idaho		CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Lillian	WAS DECEDENT EVER IN U.S. ARMED FORCES (SPECIFY YES OR NO) 12 Yes
SOCIAL SECURITY NUMBER 13 530-03-4743		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14A Diesel Mechanic		KIND OF BUSINESS OR INDUSTRY 14B Engine Repair	
RESIDENCE - STATE 15A Oregon		COUNTY 15B Josephine	CITY, TOWN, OR LOCATION 15C Grants Pass	STREET AND NUMBER OR R.F.D. ZIP 15D 912 Kings Way 97527	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15E No
FATHER - NAME FIRST MIDDLE LAST 16 Joseph Winston Ralls		MOTHER - FIRST MIDDLE LAST (MAIDEN NAME) 17 Anna Ethel Ray		INFORMANT - NAME AND RELATIONSHIP TO DECEASED 18 Lillian Ralls - Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) 19A Removal, Burial		CEMETERY OR CREMATORY - NAME 19B Dry Creek Cemetery		LOCATION - CITY OR TOWN STATE 19C Boise, Idaho	
FUNERAL SERVICE LICENSE OR PERSON ACTING AS SUCH - SIGNATURE 20A <i>Robert J. Moline</i>		NAME AND ADDRESS OF FACILITY 20B Slawson's Chapel Of The Valley, 2065 Upper River Rd. Grants Pass, Oregon			
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) 21A 9:10 a		THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) 21B November 5, 1984		FROM: 21C NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
CERTIFIER - SIGNATURE 21D <i>Josephine</i>		NAME - (TYPE OR PRINT) 21E Daniel L. Moline, M.D.		DEGREE OR TITLE	
MEDICAL EXAMINER FOR 21F Josephine		COUNTY		DATE SIGNED (MONTH, DAY, YEAR) 21G November 12, 1984	
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) 22A November 13, 1984		REGISTRAR (SIGNATURE) 22B <i>Joseph D. Carney</i>			
PART I IMMEDIATE CAUSE 23 (A) Gunshot wound of head		DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH Instantaneous	
PART II OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)				INTERVAL BETWEEN ONSET AND DEATH	
DATE OF INJURY (MONTH, DAY, YEAR) 24A 11-5-84		HOUR 24B 9:10 am	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) 24C Despondent male who shot himself in right side of head with 30/30 rifle		
INJ. AT WORK (SPECIFY YES OR NO) 25A No		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 25B Home	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 25C 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.

DATE ISSUED JANUARY 15 1985
Joseph D. Carney
Joseph D. Carney, State Registrar

AFTER RECORDING TO:

LILLIAN RALLS
912 KINGS WAY
GRANTS, OR 97526
NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

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

FEE \$8.00

Evelyn Biehn County Clerk
By *Douglas M. M... ..*