THIS IS A LEGAL DOCUFENT DO NOT DUPLICATE BY ANY MEANS

	ľ		1120					IN NOE	Vol	1m921	Jage	21922
	F	RTIFIC	ates of America - Sta ICATE OF DEAT leath due to accident, suit or causes, refer case to Mi	TH - Ce	ertified by	v Medical	Investigat	.tor ⊠ ian []	Mc Ki		3	315443
	F		causes, reler case to Mi ECEDENT - NAME	Medical Invest	tigator)	Mide			County of	of Death	City, T	Lup Town, Location
•		1.		ROBERT		DEE	5	Last ELL		1		EATH (mo, day, yr)
-		4.	October 6, 1		last birthday	MOS. D	YEAR UNDE	DER I DAY	RACE - Specify W American, etc.	12Male 1 White, Black, Native	IF NATIVE	<u>ember 1, 1980</u> E AMERICAN, Specify Tribal 1 (e.g. Zie, Jestale, Navajo, etc.)
	1		DECEDENT HISPANIC?	U.S. So		stican Cuban F	5c.		6a. White		6b	Indicate highest grade completes
ANS	1	HOS	XXNo	ITUTION - Na	lame (If neither	er, give street and	d number)	Other Speci	cify	i		X12 13 14 15 16 17 + U
ENT MEANS	FCFASED	13 HC	Rehoboth Mc	Kinley	y Chris	stian Hos	spital		·			· . †
DOCUMENT		Bb. STA	inpatient	ER/Outp] DOX		_		Other (Specify)		
	٦	□ _{9.}	ATE OR COUNTRY OF BIR Nebraska	110. U.	.S.A.	11. Marri	ied	12 Ms	ing spouse (ii wid lary Jo Wel	lah		WAS DECEDENT EVER
			CIAL SECURITY NUMBER 527-34-8140	R		USUAL OCCUPA	PATION (Kind of w	work done dunn	ing most of working life, a	even if retired)	KIND OF F	BUSINESS OR INDUSTRY PLOY TO STORE THE
IS A LEGA		RES	SIDENCE - State		County		Morker.	- SETT	f employed	1	15b.	Erection INSIDE CITY LIMITS?
IS A		16a. STP	Oregon REET AND NUMBER OR LO	LOCATION	16b. Kl	lamath	16	sc. Keno		ZIP CODE		16d. X YES N
IS 1 T D	1	16e.	Keno Worden		- P.O.	Box 37	· · · · · ·			161, 97627		17
THIS	PARENTS	5 17.	Samuel		Rober		Last Ellis	5 118	MOTHER - BIRTH N.	NAME First	Middle	
A		INFO	Bobbi Jo Car			MAILING ADDRE	ESS Street/RFI	FD No	City/To		Mae State	Carfield Zp
	Z	METH	HOD OF DISPOSITION			19b. 4317				h Falls	Oregor	n 97603 - Name
	POSITION	20a.	ATION City/To		al from State	State					th Momo	oniol Dowle
	SPOS	20c.		h Falls	s Or	regon	21a.	Tan	dirette	N ACTING AS SUCH -	Signature 2	UCENSE NUMBER 21b. #174
	Sign	21c. I	Rollie Mortus	ary, I	nc.	21d.	CILITY - ADDRE	st Nizi	ward No. Choni Blyd	City/Town		State
	_Z	CERT	TIFIER'S SIGNATURE - Or tigation, in my opinion deal place and due to the cause	In the best		and/or date	Office of Medic	lical Investigate Authority	Itor DATE SIGNED	(mo, day, yr)		NM 87301
	FICATION		1,0	$\langle \cdot \rangle$. 0	Certified Physic		PRONOUNCED	17, 1999 D DEAD (mo, day, yr)	22d. PRONO	12:15 pm
	FIC	22a.		Divide	20, 270	<u></u>	- 1 # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		220. NOV	01.1989		12:15 pm
	ERTI	22b.	ADDRESS STRAR'S GIGNATURE	ر برا <u>(جرا</u>	time by	34 JM 8733	<u> </u>		229 🔲 5	SUICIDE HO		ACCIDENT UNDETERMINED
the	0	REGIS	Donne	. //	They	2				E FILED (Mo., Day, Yr.))	[] University
ess ing t		WAS A	AN AUTOPSY PERFORME	-		were findings consider		_	ih? LOCATION W	//-20 -8 WHERE AUTOPSY WAS	S PERFORM	ED (CITY, STATE)
unle playi Regis			RECENT SURGICAL PERFORMED?	IF YES, S	24b. SPECIFY TYP	PE OF PROCEDU		NO DATE	24c. TE OF PROCEDURE	WAS DECE	DENT PREGNA	UNT If yes, estimated
tic unless displaying co Registri	$\parallel \parallel$	25a.	YES X NO	25b.					*,	WITHIN LAS	YES NO	10 265
ង	41 1	27a.	Driver 1 a	IRRED (COM		ACCIDENT, SUIC	ICIDE, HOMICID	E. UNDETER	RMINED)	HOUR OF INJURY	DATE OF	DUURY (MO, DAY, YR
auther paper W Mexi	114		Y AT WORK	PLACE OF I	INJURY - Spe	pecify home, farm,	atreet, etc.	100		270. 1045 aya	Town (1017)	nome, tastaté det, etc.
(D) i	OF DE	27d		27e. he diseases, injushock, or heart	juries, or combig	pations which cayled y one cause per excel	Athe death. Do no	271.	56 602 7 de of dying, such as car	TGOZ by Ca	<u>\$5^\</u> ()	allie NM
s not afety the N	SE O		IMMEDIATE CAUSE ((Final	Anna C.	L.	line.	•	1	1		Between Onset and Death
'~ W L.	CAUSE		resulting in desth.)		DUE	TO IOR AS A CON	ISEQUENCE OF	um.	3 much p	le trama		90 mm
document duced on d Seal o			Sequentially list condition if any, leading to imme	nediste	' b	MG/ E TO (OR AS A CONS	SEQUENCE OF:	will	، حدد نظم	4		
luce luce			Cause, Enter UNDERL CAUSE (Disease or inj which initiated events resulting in death) LAS	RLYING injury	c. DUE	TO (OR AS A CONS		· · · · · ·				· · · · · · · · · · · · · · · · · · ·
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This repre Raise			PART II. Other significa	ant conditions c	contributing to de	sath but not resulting) in the underlying	1 canse diven in	n Pari I.			
			NEW MEXICO		CERT	TIFIED CO	OPY OF	VITAL	RECORD	O		A .
€.U.	UNTI	OF	MCKINLEY	This docur	is a t	true and	exact	reprod	duction of	f the De	it !	2 Bie
				file	in the	e Vital S	Statist.	ics Se	ection. Pr	nblic	C+-+-	L. Hileman Registrar
06537	, a			licare	.h. Divi	sion. ne	ealth a	nd Env	/ironment	Dept. DATE	s issur	ED
description of the second of t	Carlo Bar		or to		AL PEHN		**************************************	, 	rate for		MON ;	2-0-1989.
			COUNTY OF KI	LAMAII			100 - 100		ere og	* - * · ·	Andrew G	To obtain the second se
Filed for record	ord at	requ	lest of A.D., 19	02 01		ary Jo E				the23rd	·	day
01	<u> </u>		A.D., 19 of	94 at	t <u>10:3</u> Deed	~	lock on P	AM., an Page	nd duly record	rded in Vol	_M92	•
FEE \$10.0							Evelyn_	Biehn	· County	ty Clerk		
Return: M	lary	Jo	Ellis				pà y≄	Lam	and / /	Jullensk	بعد	
P.O. BOX	3/,8	eno	o, Or. 97627									•