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Return to:
Bill Brandsness
411 Pine Street
Klamath Falls, OR 97601

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

28252-KR

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

ORS – 146

Local File Number: 493

State File Number: 85-021707

Field	Entry
Decedent – Name (First, Middle, Last)	Samuel Vincent ELLIS
2. Date of Death (Month, Day, Year)	November 24, 1985
3. Race	White
4. Sex	Male
5a. Age – Last Birthday (Years)	72
6. Date of Birth (Month, Day, Year)	January 7, 1913
City, Town, or Location of Death	Klamath Falls
Hospital or Other Institution – Name	5900 Delaware St.
County of Death	Klamath
8. State of Birth	Canada
Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	Married
Spouse	Maggie H. Ellis
12. Was Decedent Ever in U.S. Armed Forces?	No
13. Social Security Number	542-01-3788
14a. Usual Occupation	Carpenter 567060
14b. Kind of Business or Industry	Construction
15a. Residence – State	Oregon
15b. County	Klamath
15c. City, Town, or Location	Klamath Falls
15d. Street and Number or R.F.D.	5900 Delaware St. 97603
15e. Inside City Limits	No
16. Father – Name	Samuel E.B. Ellis
17. Mother – Name	Sarah Louise Catlin
18. Informant – Name and Relationship to Decedent	Maggie H. Ellis, Wife
19a. Burial, Cremation, Removal, Other	Cremation
19b. Cemetery or Crematory – Name	Klamath Cremation Service
19c. Location – City or Town, State	Klamath Falls, Ore.
20a. Funeral Service Licensee	[signature]
20b. Name and Address of Facility	O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.
21a. Death Occurred (Hour)	10:00 A.M.
21b. The Decedent was Pronounced Dead (Month, Day, Year, Hour)	November 24 1985 6:45 P.
Manner	Suicide XX
21d. Certifier – Signature	William H Carney MD
21e. Name (Type or Print)	William H. Carney, M.D.
21f. Medical Examiner for	Klamath
21g. Date Signed (Month, Day, Year)	NOV. 25, 1985
22a. Date Received by Registrar (Mo., Day, Yr.)	NOV 25 1985
22b. Registrar (Signature)	[signature]
23. Immediate Cause, Part I (a)	GUNSHOT WOUND TO HEAD (SELF INFLICTED)
Interval Between Onset and Death	IMMEDIATE
(b) Due to, or as a consequence of	
(c) Due to, or as a consequence of	
Part II – Other Significant Conditions	
24. Autopsy	No
25a. Date of Injury (Month, Day, Year)	Nov. 24, 1985
25b. Hour	10:00 A.M.
25c. How Injury Occurred	Self-inflicted 22 cal. gunshot wound to head (revolver)
25d. Injury at Work	No
25e. Place of Injury	Home
25f. Location	5900 Delaware St., Klamath Falls, Klamath, Oregon
Reserved for Registrar's Use	

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ORIGINAL - VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED JUL 09 1992

Edward J. Johnson II
EDWARD J. JOHNSON II,
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 23rd day of Oct. A.D., 19 92 at 9:16 o'clock A.M., and duly recorded in Vol. M92, of Deeds on Page 24827.

Evelyn Biehn County Clerk
By [signature]

FEE $10.00