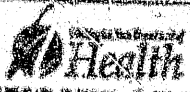


STATE OF WASHINGTON
DEPARTMENT OF HEALTH

THIS DEATH IS PERMANENT IN NATURE

1227TV
LOCAL FILE NO. 1000



BOOK 150 PAGE 935
146

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME James Joseph REILLY		2. SEX (M/F) Male	3. EXACT DATE (Mo., Day, Yr.) April 19, 1995
4. LISTED BIRTH DATE (Mo., Day, Yr.) 75	5. UNDER 1 DAY NO	6. BIRTH PLACE (City, State, Country) Philadelphia, PA	7. WAS THIS DEATH EXPECTED? Yes
8. CITY, TOWN OR LOCATION OF DEATH Carson		9. PLACE OF DEATH (If not for place of death, list street, city, state, and zip code) 3 Metzer Rd.	10. COUNTY OF DEATH Skamania
11. MARITAL STATUS - Spouse, Never Married, Widowed, Divorced (Specify) Married		12. SURVIVOR (If not, specify number of survivors) Florence West	13. SOCIAL SECURITY NO. 201-10-9086
14. MARITAL STATUS - Spouse, Never Married, Widowed, Divorced (Specify) Married		15. DECEASED'S EDUCATION (Specify only highest grade completed) 10	16. RACE (Specify) White
17. USUAL OCCUPATION (If not, specify kind of work done during most of working life. Do not use "retired") Supervisor		18. JCF NUMBER (If not, specify) Meat Packing Co.	19. NEW DECEASED OF FOREIGN BIRTH OR RESIDENCE? (Specify) No
20. RESIDENCE - NUMBER AND STREET 19 Metzger Rd.		21. CITY/TOWN OR LOCATION Carson	22. STATE Wa.
23. FATHER'S NAME - FIRST, MIDDLE, LAST Joseph Reilly		24. MOTHER'S NAME - FIRST, MIDDLE, LAST Catherine Mullen	25. ZIP CODE 98610
26. DECEASED'S NAME - FIRST, MIDDLE, LAST Florence E. Reilly		27. MARITAL STATUS P.O. Box 924	28. CITY/TOWN OR LOCATION Carson, Washington
29. BIRTH DATE (Mo., Day, Yr.) 4-14-1995		30. CEMETERY/CREMATORIUM NAME St. Mary's Catholic Cemetery	31. LOCATION - CITY/TOWN, STATE Hood River, Oregon
32. NAME OF FUNERAL HOME Anderson Funeral Home		33. ADDRESS OF FUNERAL HOME 1401 Belmont Rd.	34. CITY/TOWN, STATE, ZIP CODE Hood River, Oregon 97031
35. TO BE COMPLETED ONLY BY PHYSICIAN			
36. ON THE BASIS OF EXAMINATION AND INFORMATION, I HAVE CONCLUDED THAT THE DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND I AM SURE OF THE CAUSE OF DEATH			
37. TIME OF DEATH (Mo., Day, Yr.) 4/21/95			
38. HOUR OF DEATH (Mo., Day, Yr.) 8:55 P.M.			
39. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN DECEASED (Type of Physician) Gary Fagalbuto MD., 1410 May Street, Hood River, Oregon 97031			
40. NAME AND ADDRESS OF PHYSICIAN - CHIEF OF MEDICAL SERVICE, HOSPITAL OR OTHER TYPE OF FACILITY			
41. CAUSE OF DEATH (List all causes, including immediate, intermediate, and remote causes, in sequence of occurrence, starting with the immediate cause of death)			
42. TO BE COMPLETED ONLY BY PHYSICIAN			
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FILED FOR RECORD
BY SKAMANIA CO. WA
JUL 7 12 25 PM '95
GARY H. OLSON

APR 23 1995
Dr. Karen Stanger
Health Director
Skamania County
BB472359