STATE OF WASHINGTON
DEPARTMENT OF HEALTH

9 12271 — LOCAL FILE NUMBER

Health

BOOK 150 PAGE 935

146 — STATE FILE NUMBER

CERTIFICATE OF DEATH

Field	Entry
1. Name (First, Middle, Last)	James Joseph REILLY
2. Sex	Male
3. Death Date	April 19, 1995
4. Age	75
7. Birthdate	Oct. 11, 1919
8. Birthplace	Philadelphia, Pa.
9. Was decedent ever in U.S. Armed Forces?	Yes
10. County of Death	Skamania
11. City, Town or Location of Death	Carson
12. Place of Death	19 Metzger Rd.
13. Smoking in last 15 years?	No
14. Marital Status	Married
15. Surviving Spouse	Florence West
16. Social Security No.	201-10-9086
17. Decedent's Education	10
18. Usual Occupation	Supervisor
19. Kind of Business or Industry	Meat Packing Co.
20. Was Decedent of Hispanic origin or descent?	No
21. Race	White
22. Residence — Number and Street	19 Metzger Rd.
23. City/Town or Location	Carson
24. Inside City Limits?	Yes
25a. County	Skamania
25b. Length of Residence in County	10 Yrs.
26. State	Wa.
27. Zip Code	98010
28. Father's Name	Joseph Reilly
29. Mother's Name	Catherine Mullen
30. Informant — Name	Florence E. Reilly
31. Mailing Address	P.O. Box 824, Carson, Washington 98610
32. Burial, Cremation, Removal, Other	Rem/Burial
33. Date	4-24-1995
34. Cemetery/Crematory — Name	St. Mary's Catholic Cemetery
35. Location — City/Town, State	Hood River, Oregon
36. Funeral Director Signature	[signature]
37. Name of Facility	Anderson Funeral Home
38. Address of Facility	1401 Belmont Rd., Hood River, Oregon 97031

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
Signature and Title: [signature] MD

40. Date Signed: 4/21/95

41. Hour of Death: 8:55 P.M.

44. Name and Address of Certifier: Gary Fegalbuto MD., 1410 May Street, Hood River, Oregon 97031

45. Part I. Immediate Cause:
a. Amyotrophic Lateral Sclerosis — Interval between onset and death: 2 years

Was case referred to medical examiner or coroner? No

49. Injury at work? No

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. AUDITOR
JUL 7 12 25 PM '95
[signature]
AUDITOR
GARY H. OLSON

Indexed, Dir
Indirect
Filmed
Mailed

Date Received: 04/25/95

DOH-01-003

CERTIFIED
APR 28 1995
[signature]
Dr. Karen Steingart
Health District Officer
S.W. Washington Hlth Dist.
BB472369

Unofficial Copy