

Urban C

26/12/17

The State of Ohio, Van Wert County,

This 7 day of November A.D., 1881 personally came *Arbun C. Heller* and made oath that he is twenty-one years of age, and that *Nancy E. Dornith* is eighteen years of age, and a resident of this county; that both said last named persons are unmarried, and that there is no legal impediment to their being joined in marriage. *Urban C. Heller*.
Subscribed and sworn to before me this day, and year above named.

A. McCreary

Probate Judge of Van Wert County.

26/12/17

Return filed, Nov. 21

A.D., 1881.

The State of Ohio, Van Wert County,

I do hereby certify that on the 11 day of Nov. A.D., 1881, I joined in Matrimony Mr. *Arbun C. Heller* and Miss *Nancy E. Dornith*.
A. McCreary J.P.



The State of Ohio, ss: I, the Sheriff of said County,

21/11/20

Probative Judge of New Wales Co

The State of Ohio, Franklin County.

At the meetings except that on the 5th day of November. Ed. D. 1871.
 Found in Glenary. The sp. was with Richard & Mrs. Bazelant. At
 the place of D.

A. Halliday

The State of Ohio, Jan. 21st 1867.

This I copy of Memorandum of 18th. Sept. generally
 came Urban to follow and make with that he
 is twenty one years of age and that Henry to follow the
 age and a witness of this country that told said facts named James are mentioned and that
 there is not legal evidence of Christopher and James long lived in marriage Robert to follow
 Suffered one and day and year and years Robert to follow

Alfred Weston

Mobile Judge of New York County

The State of AL

The first of these, which is the most common, is the

I like books except those on the 1 day of life.
I paid in Charms of the Book to the College of Arts and Sciences.
A. M. Goodwin, D.D.

A. M. Wood



The State of Ohio, Jan. 1871.

This I say of De Witt - Ch. D. 1871 personally
 came to Mc Shigs and made with them a
 in twenty-one years of age and that Henry B. Brewster is eighteen years of age
 and a resident of this country; that both and his would possess an unimpaired and clear
 is no legal impediments to their being joined in marriage. Ch. D. 1871
 Subscribed and sworn to before me the day and year above named

April

Probate Judge of Ben. West Dist.

The State of Ohio, Van Wert County,

I do hereby certify that on this 9th day of November A.D. 1894.
I found at Charing, the P^r. Mr. L. J. Ke. and Miss Mary E. Ke.
P^r. Mr. L. J. Ke. J. D.

Book No. 112

The State of Ohio, Van Wert County.

I this 8 day of November of 1881 personally came down and made with this Bank Receiver an inventory of all that Alfred Boring as captain years of age and co-owners of this company, ships left and had's personal papers are unexamined and that there is no legal impediment to their being found in marriage. At L. Boring.

Subscribed and sworn to before me this day and year above named.

A. B. Carter

Roberts, Judge of Paw Necks County

La vanguardia del arte contemporáneo en el siglo XX

The State of Ohio, Jan. 1877

I do hardly regret that on the 8th day of January, Oct 20, 1871, I joined in Marrying Mr. David Carpenter & Miss Mary Ann C. C. Webster Ministers.

P. D. H. L. L. L. L.

SCHEDULE 1.—Free Inhabitants in Butter Township in the County of Columbiana State of Ohio enumerated by me, on the 24th day of July 1860. A. M. Houston Ass't Marshal.
Post Office Salem

Dwellings— numbered in the order of visitation.	Family numbered in the order of visitation.	The name of every person whose usual place of abode on the first day of June, 1860, was in this family.	Description.			Profession, Occupation, or Trade of each person, male and female, over 15 years of age.	Value of Estate Owned.		Place of Birth, Naming the State, Territory, or Country.	Married within the year.	Attended School within the year.	Whether deaf and dumb, blind, insane, paraplegic, or convict.
			Age.	Sex.	Color.		Value of Real Estate.	Value of Personal Estate.				
1	2	3	4	5	6	7	8	9	10	11	12	13
		Martha A. Roller	15	F					Ohio		1	
		Allan L. "	12	M					"		1	
		Albert J. "	12	M					"		1	
		Urban L. "	10	M					"		1	
		Joseph M. "	8	M					"		1	
		Mary J. "	5	F					"		1	
		John M. "	2	M					"			
605	553	Rendall K. Krumm	50	M		1 Farmer	1500	500	Penn.			
		Sarah A. "	55	F					"			
		Harriet "	21	F					Ohio		1	
		William "	18	M		1 Farmer			"		1	
606	554	William Galbreath	75	M		1 "	15200	2257	Penn.			
		Mary "	65	F					"			
		Isaac "	27	M		1 Farmer			Ohio		1	
		William T. "	25	M		1 "			"		1	
		Sarah P. "	23	M		1 "			"		1	
607	555	Samuel B. Galbreath	29	M		1 "		650	"		1	
		Leah J. "	25	F					"		1	
608	556	George Shiver	49	M		1 Farmer	3650	1650	"			
		Elizabeth "	36	F					Penn.			
		Isaac "	18	M		1 Farmer			Ohio		1	
		Ann "	16	F					"		1	
		Joseph W. "	13	M					"		1	
		Lucy "	11	F					"		1	
		Isaac "	9	M					"		1	
		Elizabeth "	7	F					"		1	
		Rebecca "	4	F					"			
609	557	John W. Shiver	47	M		1 Farmer	5000	600	Ohio			
		Margaret "	39	F					"		1	
		Elijah "	19	M		1 Farmer			"		1	
		Abigail "	18	F					"		1	
		Leander "	14	M					"		1	
		Ellen "	12	F					"		1	
		John "	7	M					"		1	
		Mariah "	2	F					"			
610	558	Samuel Hankin	37	M		1 Farmer	3100	420	Penn.			
		Lucy "	36	F					Ohio			
		Mary L. "	8	F					"		1	
611	559	Mary Shiver	78	F		None		650	Penn.			
		Leah "	35	F		"			Ohio			
No. white males, 91. No. colored males, _____. No. foreign born, _____. No. blind, _____. No. white females, 19. No. colored females, _____. No. deaf and dumb, _____. No. insane, _____. 2480 5827			No. idiotic, _____. No. pauper, _____. No. convicts, _____									

SCHEDULE I.—Free Inhabitants in *Woshon Township (dist 290)* **in the County of** *Mohring* **State**
of *Ohio* **enumerated by me, on the** *3d* **day of** *Oct.* **1850.** *Wm. McFarlane Ass't Marshal.*

1	2	3	4			7	8	9	10	11	12	13
			Age	Sex	Color							
		The Name of every Person, whose usual place of abode on the first day of June, 1850, was in this family.			Whether deaf and dumb, blind, insane, idiotic, pauper, or convict.							
						Profession, Occupation, or Trade of each Male Person over 15 years of age.	Value of real Estate owned.	Place of Birth, Naming the State, Territory, or Country.	Whether within the year he attended school within the year.			
1		<i>Hannah Burkhead</i>	<i>17</i>	<i>F</i>	<i>✓</i>			<i>Pa.</i>	<i>1</i>			
2		<i>Mary E. "</i>	<i>15</i>	<i>F</i>	<i>✓</i>			<i>"</i>				
3		<i>Thomas "</i>	<i>12</i>	<i>M</i>				<i>Chi.</i>	<i>1</i>			
4		<i>Bertana "</i>	<i>10</i>	<i>F</i>				<i>"</i>	<i>1</i>			
5		<i>James H. "</i>	<i>6</i>	<i>M</i>				<i>"</i>	<i>1</i>			
6		<i>Susan "</i>	<i>3</i>	<i>F</i>				<i>"</i>				
7	<i>1537 1538</i>	<i>Clayton Kinser</i>	<i>58</i>	<i>M</i>	<i>✓</i>	<i>Farmer</i>	<i>1200</i>	<i>Pa.</i>				
8		<i>Mary "</i>	<i>29</i>	<i>F</i>				<i>Chi.</i>	<i>1</i>			
9		<i>Hannah "</i>	<i>8</i>	<i>F</i>				<i>"</i>				
10		<i>John "</i>	<i>5</i>	<i>M</i>				<i>"</i>				
11		<i>David "</i>	<i>2</i>	<i>M</i>				<i>"</i>				
12	<i>1539 1540</i>	<i>Samuel Stratton</i>	<i>53</i>	<i>M</i>	<i>✓</i>	<i>None</i>	<i>200</i>	<i>Pa.</i>				
13		<i>Oliver "</i>	<i>46</i>	<i>F</i>	<i>✓</i>			<i>"</i>				
14		<i>John "</i>	<i>23</i>	<i>M</i>		<i>Farmer</i>		<i>Chi.</i>				
15		<i>Eliza "</i>	<i>21</i>	<i>F</i>		<i>Farmer</i>		<i>"</i>				
16		<i>Andrew "</i>	<i>19</i>	<i>M</i>				<i>"</i>				
17	<i>1541 1542</i>	<i>John Miller</i>	<i>30</i>	<i>M</i>		<i>Farmer</i>		<i>"</i>				
18		<i>Sarah "</i>	<i>25</i>	<i>F</i>				<i>"</i>				
19		<i>Martha "</i>	<i>5</i>	<i>F</i>				<i>"</i>				
20		<i>Albert J. "</i>	<i>2</i>	<i>M</i>				<i>"</i>				
21		<i>Allen "</i>	<i>1</i>	<i>M</i>				<i>"</i>				
22		<i>John "</i>	<i>1</i>	<i>M</i>				<i>"</i>				
23		<i>Joseph D. "</i>	<i>15</i>	<i>M</i>				<i>Chi.</i>	<i>1</i>			
24	<i>1543 1544</i>	<i>John A. Fryman</i>	<i>25</i>	<i>M</i>	<i>✓</i>	<i>Farmer</i>	<i>1600</i>	<i>Pa.</i>				
25		<i>Margaret "</i>	<i>35</i>	<i>F</i>	<i>✓</i>			<i>Pa.</i>				
26		<i>Robert "</i>	<i>16</i>	<i>M</i>				<i>Chi.</i>	<i>1</i>			
27		<i>Martha "</i>	<i>7</i>	<i>F</i>				<i>"</i>	<i>1</i>			
28		<i>Joseph "</i>	<i>5</i>	<i>M</i>				<i>"</i>	<i>1</i>			
29		<i>Horatio W. "</i>	<i>4</i>	<i>M</i>				<i>"</i>				
30	<i>1545 1546</i>	<i>James C. Taylor</i>	<i>29</i>	<i>M</i>		<i>Farmer</i>	<i>1450</i>	<i>"</i>				
31		<i>Sarah P. "</i>	<i>32</i>	<i>F</i>	<i>✓</i>			<i>Pa.</i>				
32		<i>Bessie "</i>	<i>5</i>	<i>F</i>				<i>Pa.</i>	<i>1</i>			
33		<i>William H. "</i>	<i>4</i>	<i>M</i>				<i>"</i>	<i>1</i>			
34		<i>Caroline "</i>	<i>3</i>	<i>F</i>				<i>"</i>				
35		<i>Edward A. "</i>	<i>1</i>	<i>M</i>				<i>"</i>				
36		<i>James M. "</i>	<i>2</i>	<i>M</i>				<i>"</i>				
37	<i>1547 1548</i>	<i>John Gunders</i>	<i>40</i>	<i>M</i>	<i>✓</i>	<i>Farmer</i>	<i>100</i>	<i>Pa.</i>				
38		<i>Margaret "</i>	<i>18</i>	<i>F</i>	<i>✓</i>			<i>"</i>				
39		<i>Isaac "</i>	<i>16</i>	<i>M</i>				<i>Ohio</i>	<i>1</i>			
40		<i>Nelson "</i>	<i>15</i>	<i>M</i>				<i>"</i>	<i>1</i>			
41		<i>Francis "</i>	<i>12</i>	<i>F</i>				<i>"</i>	<i>1</i>			
42		<i>Anna "</i>	<i>9</i>	<i>F</i>				<i>"</i>	<i>1</i>			

No. 4149

Administrator's Doc. 5

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MERCER CO. PROBATE COURT

A. J. Roller Administrator
of Traney E. Roller

vs.

Filed July 11th 1898

C. G. O. Miller
Probate Judge.

For Hearing 1898

at o'clock M.

Journal 19 Page 76

Recorded in Book F, Page 195

THE U. F. WADE CO., PRINTERS, TOLEDO.

Box 298

4149

Petition for Sale of Real Estate to Pay Debts.

Revised Statutes, Secs. 6136 to 6142.

Probate Court, Mercer County, Ohio.

A.J. Roller, Administrator

of the Estate of

of Nancy E. Roller,
deceased,

vs.

Plaintiff,

Cora B. Brown, Addie Prichard, John

G. Roller, Goldie Roller, Willard L.

Roller, Curtis Roller, being all the

heirs and next of kin of Nancy E. Roller,

deceased, and Susan Roller,

No. 4149.

CIVIL ACTION.

PETITION

-TO-

SELL REAL ESTATE.

PETITION.

Defendants.

The Plaintiff represents that he is the duly appointed and
qualified Administrator of the Estate
of Nancy E. Roller, late of Mercer
County, Ohio, deceased; that the amount of debts due from the deceased is
at least Four Hundred Dollars,
as near as they can be ascertained (a schedule of which debts is hereto attached,
marked Exhibit A)

that the charges of administration of
said estate will amount to about Sixty Dollars;
and that the total value of the personal estate and effects of said deceased is but
Two hundred, sixty two and 08/100 Dollars, being wholly
insufficient to pay the debts and costs aforesaid. The Plaintiff further represents
that said Nancy E. Roller died seized in fee simple
of the following described real estate, situate in the County of
Mercer and State of Ohio, to-wit:

The North half of the South West quarter of the North West
quarter of section three (3), town four (4), south of range three

4149

ORDER OF FINAL DISTRIBUTION.

THE STATE OF OHIO, }

Mercer County, ss. }

IN PROBATE COURT.

To A. J. Roller, Administrator,
of the estate of Henry E. Roller, deceased, late of said County:

Whereas, it appearing to the Court, that all the indebtedness of the said estate has been paid or satisfied, and there remaining a surplus of the assets of the estate in the hands of the Administrator,

it is hereby ordered by the said Court that you make distribution of the assets of said estate, now remaining in your hands, as follows, as required by law:

To	<u>Cora B. Brown</u>	\$	<u>85.84</u>
"	<u>Addie Prichard</u>	\$	<u>85.84</u>
"	<u>John C. Roller</u>	\$	<u>85.84</u>
"	<u>Goldie A. Roller</u>	\$	<u>85.84</u>
"	<u>Willard L. Roller</u>	\$	<u>85.84</u>
"	<u>Quetta Roller</u>	\$	<u>85.84</u>
"		\$	
"		\$	
"		\$	
"		\$	
"		\$	
"		\$	
"		\$	
"		\$	
"		\$	
"		\$	
"		\$	
"		\$	

Total \$ 515.04

Given under my hand and the seal of said Court, this 14th

day of June 1890.

C. D. Miller

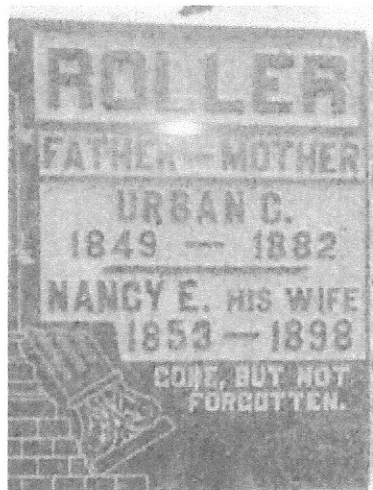
By B. M. Fawcett Probate Judge.
Deputy Clerk.

If it is not the practice of the Court to specify the names and amounts of the distribution (the amounts being regulated by the statute laws of descent and distribution, and not discretionary with the Court,) the Court can strike out the words "as follows," and "To, \$....."
For Supreme Court decision, see McLaughlin vs. McLaughlin, Ohio State Reports, Vol. 4, page 208. Especially on page 512, viz: "The Court had jurisdiction, not only to settle the accounts of Executors and Administrators, but also to determine the amount due to each legatee or distributee, and to order the payment thereof."

RECORD OF DEATHS, PROBATE COURT,

[illegible]

Urban C & Nancy Smith Roller



Report of Births in town of Newbury, New York

County, State, for the year ending March 31st, 1875

No.	Place of Birth	NAME IN FULL	DATE OF BIRTH	Sex	Color	Name of Father	Mother's Maiden Name	Residence of Parents	By whom Reported
1	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
2	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
3	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
4	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
5	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
6	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
7	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
8	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
9	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
10	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
11	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
12	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
13	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
14	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
15	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
16	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
17	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
18	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
19	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
20	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
21	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
22	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
23	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
24	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
25	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
26	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
27	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
28	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
29	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
30	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
31	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
32	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
33	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
34	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
35	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
36	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
37	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
38	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
39	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
40	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.
41	Germany	Alfred	Oct 28	M	White	Alfred	Elizabeth	Newbury	John W. W.

THE BURIAL OF DECEASED VETERANS

REQUIRED TO FURNISH THE FOLLOWING
A VETERAN'S CERTIFICATE OF DEATH

Date of burial _____
Date _____
Auxiliary Army Corps, etc.) _____
Command, White Station, Group, etc.) _____
Light, etc.) _____
Some Engineers, etc.) _____

THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

OHIO DEPARTMENT OF HEALTH

COLUMBUS

Reg. Dist. No. 1795
Primary Reg. Dist. No. 539

CERTIFICATE OF DEATH

Serial File No. 1
Registrar's No. 1

22

PLACE OF DEATH:

(a) County Van Wert
(b) Funeral Home - York Twp
(c) Name of hospital or institution: _____
(d) Length of stay: In hospital or institution: _____
In this community: _____

FULL NAME

(a) John C. Miller
(b) Social Security Number: _____

Sex M 5. Color or W 6. (c) Single, widowed, married, divorced Married

(b) Name of husband or wife Beila Miller 6. (c) Age of husband or wife if alive 1879 years

Birth date of deceased Oct 3 - 1879

AGE: Year 76 Months 6 Days 1 If less than one day, hr. min.

Birthplace 6 mi. E. of Lima (State of foreign country)

Usual occupation Farmer (State of foreign country)

Industry or business Farmer

Name Arthur Miller (City, town or county) (State of foreign country)

Maiden name Arthur Miller (City, town or county) (State of foreign country)

Birthplace 6 mi. E. of Lima (State of foreign country)

Informant's signature Beila Miller (a) Address Chas. A. Miller (b) Address Chas. A. Miller (c) Place of burial, cremation, or other: Funeral Home - York Twp

Signature of Funeral Director Beila Miller (a) Address Chas. A. Miller (b) Address Chas. A. Miller (c) Place of burial, cremation, or other: Funeral Home - York Twp

2. USUAL RESIDENCE OF DECEASED:

(a) State Van Wert County 0
(c) City or village Funeral Home
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATE

20. Date of death: Month April day 1981 year 1981
21. I hereby certify that I attended the deceased from April 1981 to March 1981
that I last saw him alive on March 1981
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions (diagnose pregnancy within 3 months of death)

Major findings of operation _____

Major findings of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or village) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____

While at work? (c) How did injury occur? _____

Signature Beila Miller (Specify if Doctor of Medicine or Osteopathy) _____

Date signed 3/1/81

John Clarence Roller and Celia Jane Clay marriage

In the matter of
John C. Roller
Celia Clay

Probate Court, Mercer County, Ohio.
 No. 353 MARRIAGE LICENSE APPLICATION.
 To the Honorable Judge of the Probate Court of said County:

The undersigned respectfully makes application for a Marriage License for said parties, and upon oath states;
 that said John C. Roller is 25 years of age, on the 3 day of October 1899, his residence is Van Wert County Ohio, his place of birth is Union T.P. Mercer Co Ohio, his occupation is Carpenter, his father's name is John C. Roller, his mother's maiden name was Nancy Smith; that he was not previously married, and that he has no wife living.

That said Celia Clay is 20 years of age on the day of August 1910, her residence is Union Township Mercer County, Ohio, her place of birth is Union T.P. Mercer Co Ohio, her occupation is House Keeper, her father's name is Clayton Clay, her mother's maiden name was Hettie Reeser; that she was not previously married, and is not a widow or divorced woman, her married name being ; that she has no husband living. Said parties are not nearer of kin than second cousins, and there is no legal impediment to their marriage.

It is expected that Rev E. A. Miller is to solemnize the marriage of said parties.

Sworn to before me and signed in my presence,
 this 29 day of September 1900.

John C. Roller
E. A. Miller Probate Judge.
 By Deputy Clerk.

ENTRY.
 Marriage License was this day granted to John C. Roller and Celia Clay
E. A. Miller Probate Judge.

MARRIAGE CERTIFICATE. No. 353 The State of Ohio, Mercer County, ss.
 I do hereby certify That on the 29 day of September A. D. 1900, I solemnized the Marriage of Mr. John C. Roller with Miss Celia Clay
W. F. Trebet
 Filed and Recorded, Oct. 12 1900 E. A. Miller Probate Judge.

Celia Jane Clay death certificate

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

74-327941

Local No. 1725

Death No.

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Celia				Roller	2. female	3. Aug 16, 1974	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. white		5a. 93		5b.	5c.	6. Aug 19, 80	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Fort Wayne		7c. Yes		7d. Lutheran Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Ohio		9. USA		10. widowed		11. ———	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 272-48-5321		13a. Housewife		13b.			
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. Indiana		14b. Allen	14c. Fort Wayne		14d. yes	14e. Adams	
STREET AND NUMBER		14f. 4410 Atwood Drive		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14h. IS RESIDENCE ON A FARM? YES ☐ NO ☒	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Claiborn				Clay	16. Hettie Kessler		
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Irene Lutz		17b. daughter		17c. R R #4 Celina, Ohio 45822			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) Congestive heart failure				Days	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) Arteriosclerotic heart disease				Years	
CAUSE		(c)					
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE				AUTOPSY (YES OR NO)	
Fractured right hip; cerebrovascular arteriosclerosis						19a. No	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 19)	20a. 10-00-82		
20a. Accident		20b. 7-26-74		20c. 10-00-82			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
20a. No		20f. Home		20g. 5510 Atwood Dr. Ft. Wayne, Indiana			
CORONER'S CERTIFICATION							
DEATH OCCURRED (HOUR)		THE DECEDENT WAS PRONOUNCED DEAD		DATE SIGNED (MONTH, DAY, YEAR)			
21a. 10:20 P.M.		21b. 8-16-74		21c. 10:20 P.M.		21d. 8-23-74	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		CITY OR TOWN		STATE	
22a. Gordon R. Franke, M.D.		22b. [Signature]		Fort Wayne		Indiana	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23. 648 City-County Bldg		1 Main St		Fort Wayne		Indiana	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN	
24a. Burial		24b. Tomlinson Cemetery		24c. Mendon, Ohio		46802	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. Aug 20, 1974		25a. W H Dick & Sons 218 W Market St. Celina, Ohio 45822					
BURIAL		SIGNATURE OF HEALTH OFFICER		DATE RECEIVED BY LOCAL HEALTH OFFICER			
25b.		26a. [Signature]		26b. AUG 23 1974			

58H-113-4

John Urban Roller Birth Certificate

I HEREBY CERTIFY THAT THIS
CERTIFICATE IS AN EXACT COPY OF
THE ORIGINAL CERTIFICATE WHICH
IS REGISTERED AND PRESERVED IN
THE DIVISION OF VITAL STATISTICS
OF THE OHIO DEPARTMENT OF
HEALTH. WITNESS MY SIGNATURE
AND THE SEAL OF THE DEPARTMENT.

Dr. David L. Jackson
DIRECTOR, DEPARTMENT OF HEALTH

PLACE OF BIRTH

County of Merces
Township of Union
or
Village of _____
or
City of _____
to _____ St. _____
Ward. _____

STATE OF OHIO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 507File No. 118151Primary Registration District No. 5310Registered No. 119

DEC

21

FULL NAME OF CHILD John P. Roller(If child is not yet named, make
supplemental report, as directed)

Sex of child male Twin, triplet or other? _____ Number in order of birth _____ Legitimate? yes Date of birth Feb 22 1921
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME John P. Roller
RESIDENCE Jonestown
including P. O. Address _____

MOTHER
FULL MAIDEN NAME Clay
RESIDENCE Jonestown
including P. O. Address _____

COLOR OR RACE white AGE AT LAST BIRTHDAY 40
(Years)

COLOR OR RACE white AGE AT LAST BIRTHDAY 38
(Years)

BIRTHPLACE Mendon O R.R.BIRTHPLACE Mendon O R.R.OCCUPATION AND INDUSTRY FarmerOCCUPATION AND INDUSTRY Farmer work

Number of children born to this mother, including present birth 7

Number of children of this mother now living 7

Was Prophylactic against Ophthalmia Neonatorum used? yes
(On request, Prophylactic and literature furnished free by OHIO STATE BOARD OF HEALTH.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child born to P. A. Fickham and that the child was born alive at 10 P. M. on the date above stated.
(Born Alive or Stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. A. Fickham

(Physician or Midwife)

Given name added from a supplemental report

Address 1111 2nd St.Filed 11/21/211921

REGISTRAR

REGISTRAR

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

DEC 05 2008

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-08-140801

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) JOHN URBAN ROLLER				2. DATE OF DEATH ACTUAL OR PRESUMED 11/26/2008	
3. SEX MALE	4. DATE OF BIRTH 02/22/1921	5. AGE-Last Birthday (Years) 87	6. UNDER 1 YR Mo Days 11 26	7. BIRTHPLACE (City & State or Foreign Country) VAN WERT COUNTY, OH	
8. SOCIAL SECURITY NUMBER 289-12-2564		9. MARITAL STATUS AT TIME OF DEATH ☒ Widowed ☐ Divorced ☐ Never Married ☐ Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
11. RESIDENCE STREET ADDRESS 141 RIDGE TRAIL				12. APT. NO. 78232	13. CITY OR TOWN SAN ANTONIO
14. COUNTY BEXAR		15. STATE TEXAS		16. ZIP CODE 78232	
17. FATHER'S NAME JOHN CLARENCE ROLLER				18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE CELIA JANE CLAY	
19. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ OCA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)					
20. CITY/TOWN, ZIP (If OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) BEXAR SAN ANTONIO, 78258		21. FACILITY NAME (If not institution, give street address) NORTH CENTRAL BAPTIST HOSPITAL			
22. INFORMANT'S NAME & RELATIONSHIP TO DECEASED CECELIA FILLIOTT - DAUGHTER					
23. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 141 RIDGE TRAIL, SAN ANTONIO, TX 78232					
24. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)					
25. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TERRY P GOLEMAN, BY ELECTRONIC SIGNATURE - 7429					
26. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) SUNSET MEMORIAL PARK					
27. LOCATION (City/Town, and State) SAN ANTONIO, TX					
28. NAME OF FUNERAL FACILITY SUNSET NORTH FUNERAL HOME					
29. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 910 NORTH LOOP 1604 EAST, SAN ANTONIO, TX 78232					
30. CERTIFIER (Check only one) ☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☐ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
31. SIGNATURE OF CERTIFIER DOMINIC MEZA, BY ELECTRONIC SIGNATURE		32. DATE CERTIFIED (Mo/Day/Yr) 12/04/2008		33. LICENSE NUMBER L0422	
34. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) DOMINIC MEZA 7330 SAN PEDRO, STE. 405, SAN ANTONIO, TX 78216		35. TIME OF DEATH (Actual or presumed) 11:59 PM		36. TITLE OF CERTIFIER MD	
37. PART 1: ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ACUTE MYOCARDIAL INFARCTION Due to (or as a consequence of):					
b. ACUTE RESPIRATORY FAILURE Due to (or as a consequence of):					
c. ACUTE RENAL FAILURE DUE TO HYPOVOLEMIA Due to (or as a consequence of):					
d.					
38. PART 2: ENTER OTHER CAUSE GIVEN IN PART 1. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE.					
ATHEROSCLEROTIC CORONARY ARTERY DISEASE					
39. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No					
40. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No					
41. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined		42. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☐ Probably ☒ Unknown		43. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year	
44. DATE OF INJURY (Mo/Day/Yr)		45. TIME OF INJURY		46. INJURY AT WORK? ☐ Yes ☒ No	
47. LOCATION (Street and Number, City, State, Zip Code)		48. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)			
49. LOCATION (Street and Number, City, State, Zip Code) 401. COUNTY OF INJURY					
50. DESCRIBE HOW INJURY OCCURRED					
51. REGISTRAR FILE NO. 0210968		52. DATE RECEIVED BY LOCAL REGISTRAR 12/05/2008		53. REGISTRAR REGISTRAR - SAN ANTONIO METRO HD, ELECTRONICALLY FILED	

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 198)

VS-112 REV 1/2006

ARU



ISSUED

DEC 08 2008

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

John U

No. 167287

The State of Texas



County of Bexar

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi,
Judge of the District Court, Judge of the County Court, or Justice of the Peace:
You, or either of you, are hereby authorized to celebrate the rites of matrimony by joining in the

Holy Union of Matrimony

John U. Roller and *Llewellyn Franklin*

in accordance with the Laws of this State and that you make due return of
this, your authority, to my office, within sixty days after the celebration
aforesaid, certifying how you have executed the same.

Given under my hand and the seal of the County Court of Bexar
County, Texas, this 10 day of JANUARY, 1946.

Fred T. Shurtess

County Clerk, Bexar County, Texas

By *Olivia Tidkemp*, Deputy.

The foregoing License executed by joining the within named parties in the

Holy Union of Matrimony

this the 10~~th~~ day of January, 1946.

Two witnesses sign here

Virginia H. Gorman
Oliver E. Davis

Official performing ceremony

Wm. H. Shirley
Travis Park Methodist

Returned the 14 day of JANUARY, 1946.

Recorded this the 14 day of JANUARY, 1946.

By *Richard W. Weill*

Fred T. Shurtess

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

COUNTY OF CONCHO

FORM 12183

BARBERS - DALLAS

1. PLACE OF BIRTH STATE OF TEXAS COUNTY OF <u>Concho</u> CITY OR PRECINCT No. <u>Paint Rock, Texas</u>		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH	
2. FULL NAME OF CHILD <u>Llewellyn Pearl Franklin</u> Give Street and Number or Name of Institution			
3. SEX <u>Female</u>	4. Twin, Triplet, Other	5. Number, in Order of Birth	6. Legitimate? <u>Yes</u>
7. Date of Birth <u>June 12, 1921</u>			
8. Full Name <u>Morgan Gray Franklin</u>		14. Full Maiden Name <u>Rosa Pearl Childers</u>	
9. Residence at time of this birth <u>Paint Rock, Texas</u>		15. Residence at time of this birth <u>Paint Rock, Texas</u>	
10. Color or Race <u>White</u>	11. Age at time of this birth <u>25</u> (years)	16. Color or Race <u>White</u>	17. Age at time of this birth <u>23</u> (years)
12. Birthplace (State or Country) <u>Giles Co., Tenn.</u>	18. Birthplace (State or Country) <u>Nolan Co., Texas</u>		
13a. Trade, profession, or kind of work done <u>Farmer</u>	18a. Trade, profession, or kind of work done <u>Housewife</u>		
13b. Industry or business in which engaged	18b. Industry or business in which engaged		
20. No. children born to this mother including this birth <u>3</u>		21. No. children born to this mother and now living <u>3</u>	
I hereby certify to the birth of this child who was ^{born alive} born at <u>Paint Rock, Texas</u> M. on the date stated above.			
22. Signature of Physician <u>[Signature]</u>		Address <u>Paint Rock, Texas</u>	

MEDICAL ATTENDANTS AFFIDAVIT

STATE OF TEXAS,
 County of Concho

BEFORE ME, on this day personally appeared: Dr. D. D. Fowler
(Name of Physician)

known to me to be the person who signed the foregoing Certificate of Birth, who on oath deposes and says that he was the medical attendant at the birth of Llewellyn Pearl Franklin
(Name appearing on Certificate)

and that the facts stated in the certificate attached hereto are true and correct to the best of his knowledge and belief.

Signature of Physician [Signature]

Sworn to and subscribed before me, this 30th day of July, 1941
(Month)

(SEAL) [Signature] County Clerk,
 Notary Public in and for Concho County, Texas.

STATE OF TEXAS
 COUNTY OF Concho

THE BIRTH CERTIFICATE OF Llewellyn Pearl Franklin
 ATTACHED HERETO, WAS SUBMITTED TO THIS COURT, AS PROVIDED FOR IN H. B. NO. 614, 46TH LEG., R. S. 1939.
 IT IS THE ORDER OF THIS COURT THAT THIS RECORD ^{BE ACCEPTED} ~~BE NOT ACCEPTED~~ BY THE STATE REGISTRAR FOR FILING IN THE STATE
 BUREAU OF VITAL STATISTICS

SIGNED G. Y. Lee County Judge
Concho COUNTY

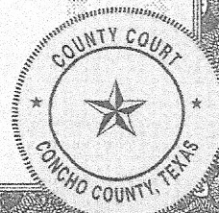
DATE July 30th 1941

000051

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED IN THIS OFFICE
 ISSUED UNDER AUTHORITY OF SECTION 191.051, HEALTH AND SAFETY CODE.

DATE ISSUED: FEBRUARY 16, 2012

Barbara K. Hoffman
 BARBARA K. HOFFMAN, COUNTY AND DISTRICT CLERK
 CONCHO COUNTY, TEXAS



HardSecure Banknote Paper
 Patent Pending - All Rights Reserved

THIS DOCUMENT CONTAINS AN ORIGINAL WATERMARK
 ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

STATE OF TEXAS

SAN ANTONIO METROPOLITAN HEALTH DISTRICT

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST (d) MAIDEN		2. SEX		3. DATE OF DEATH	
Llewellyn Pearl Roller Franklin		Female		April 4, 1996	
4. DATE OF BIRTH		5. AGE (IN YEARS)		6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)	
June 12, 1921		74		Paint Rock, Texas	
7. SOCIAL SECURITY NO.		453-28-5737			
8. RACE		9a. WAS THE DECEASED OF HISPANIC ORIGIN?		9b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.	
Caucasian		☐ YES ☒ NO			
10. WAS DECEDENT EVER IN U.S. ARMED FORCES?		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (10-12) COLLEGE (13-16, 17+)		12	
☐ YES ☒ NO					
12. MARITAL STATUS		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		14a. DECEDENT'S USUAL OCCUPATION 14b. KIND OF BUSINESS OR INDUSTRY	
☒ MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED		John Roller		Homemaker Own home	
15a. RESIDENCE STREET ADDRESS		15b. CITY OR TOWN		15c. COUNTY	
5831 Goodyear		San Antonio		Bexar	
15d. STATE		15e. ZIP CODE		15f. INSIDE CITY LIMITS	
Texas		78228		☒ YES ☐ NO	
16. FATHER'S NAME		17. MOTHER'S MAIDEN NAME			
Morgan G. Franklin		Rosa P. Childers			
18. PLACE OF DEATH (CHECK ONLY ONE)					
HOSPITAL: ☒ INPATIENT ☐ EMERGENCY ☐ DOA ☐ OTHER ☐ NURSING HOME ☐ RESIDENCE ☐ OTHER (SPECIFY)					
19. COUNTY OF DEATH		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)		21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address)	
Bexar		Lackland Air Force Base		Wilford Hall Medical Center	
22. INFORMANT SIGNATURE & RELATIONSHIP		23. MAILING ADDRESS OF INFORMANT			
<i>John P. Roller, Husband</i>		5831 Goodyear, San Antonio, Texas 78228			
24. METHOD OF DISPOSITION		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CHAPEL, OR OTHER PLACE)		25b. SECTION	
☐ BURIAL ☐ CREMATION ☐ REMOVAL FROM STATE ☐ DONATION ☒ OTHER (SPECIFY)		Sunset Memorial Park		MAUSOLEUM	
26. LOCATION (CITY, STATE)		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		28. DATE OF DISPOSITION	
San Antonio, Texas		<i>John Russell</i>		April 6, 1996	
29. NAME & ADDRESS OF FUNERAL HOME		30. CERTIFIER			
Sunset Northwest Funeral Hm 6321 Bandera Road San Antonio, Texas 78238					
31. CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.					
☐ MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.					
☐ JUSTICE OF THE PEACE					
32. SIGNATURE & TITLE OF CERTIFIER		32. DATE SIGNED		33. TIME OF DEATH	
<i>Eric Sawyer, M.D.</i>		April 4, 1996		12:45 A.M.	
34. PRINTED NAME & ADDRESS OF CERTIFIER					
Eric Sawyer, 59th Med Wing, 2200 Bergquist Dr, Suite 1, Lackland AFB, Texas 78236					
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Metastatic Pancreatic Cancer					
DUE TO (OR AS A LIKELY CONSEQUENCE OF):					
Sequentially list conditions, if any, leading to immediate cause. Enter underlying cause (disease or injury that initiated events resulting in death) LAST					
b. DUE TO (OR AS A LIKELY CONSEQUENCE OF):					
c. DUE TO (OR AS A LIKELY CONSEQUENCE OF):					
d. DUE TO (OR AS A LIKELY CONSEQUENCE OF):					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)					
36a. AUTOPSY? ☐ YES ☒ NO					
36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ YES ☒ NO					
37. DID TOBACCO USE CONTRIBUTE TO DEATH		38. DID ALCOHOL USE CONTRIBUTE TO DEATH		39. WAS DECEDENT PREGNANT	
☐ YES ☐ PROBABLY ☒ NO ☐ UNKNOWN		☐ YES ☐ PROBABLY ☒ NO ☐ UNKNOWN		AT TIME OF DEATH ☐ YES ☒ NO ☐ UNK WITHIN LAST 12 MO ☐ YES ☒ NO ☐ UNK	
40. MANNER OF DEATH		41a. DATE OF INJURY		41b. TIME OF INJURY	
☒ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED				M. ☐ YES ☐ NO	
41c. INJURY AT WORK		41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)			
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)		41f. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. SIGNATURE OF LOCAL REGISTRAR	
0202981		APR 15 1996		<i>Fernando Q. Flores</i>	

CERTIFIED COPY

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

Issued:

APR 16 1996

102597

Fernando Q. Flores
FERNANDO Q. FLORES
Registrar

By:

Deputy

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

1. PLACE OF BIRTH
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

408

COUNTY OF Tom Green

CITY OR PRECINCT NO. AF Station Hospital Goodfellow Air Force Base, Texas

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF CHILD Lillian Cecelia Roller

RESIDENCE OF THE MOTHER } STREET AND NO. 1911 Armstrong CITY San Angelo COUNTY Tom Green STATE Texas

3. SEX Female 4. TWIN, TRIPLET, OTHER NO 5. NUMBER IN ORDER OF BIRTH 1 6. LEGITIMATE? Yes 7. DATE OF BIRTH 27 November 1948

8. FULL NAME John Urban Roller 14. FULL MAIDEN NAME Llewellyn Pearl Franklin
SOCIAL SECURITY NUMBER Box 521 San Angelo, Texas
9. POSTOFFICE ADDRESS Box 521 San Angelo, Texas
10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 27 (YEARS) 16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 26 (YEARS)

12. BIRTHPLACE (STATE OR COUNTRY) Van Wert, Co. Ohio 18. BIRTHPLACE (STATE OR COUNTRY) Paint Rock, Texas
13A. TRADE, PROFESSION OR KIND OF WORK DONE Soldier 19A. TRADE, PROFESSION OR KIND OF WORK DONE House wife
13B. INDUSTRY OR BUSINESS IN WHICH ENGAGED U. S. Army 19B. INDUSTRY OR BUSINESS IN WHICH ENGAGED U. S. Army
20. NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THIS BIRTH Two 21. NUMBER OF CHILDREN BORN TO THIS MOTHER AND NOW LIVING Two

SIGNATURE OF INFORMANT Mrs. John U. Roller ADDRESS OF INFORMANT 1911 Armstrong, San Angelo, TEXAS

22. CERTIFICATION

I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD BORN ALIVE AT 0945 M. ON THE ABOVE DATE.

AND THE PROPHYLACTIC USED TO PREVENT OPHTHALMIA NEONATORUM WAS 1% Silver Nitrate

DATE 27 November 1948 SIGNATURE Charles J. [illegible] M. D. Qra 226 Goodfellow AF Base, TEXAS

23. FILE NUMBER 1667 FILE DATE 11-30-48 194. SIGNATURE OF LOCAL REGISTRAR Tom Gassaway POSTOFFICE ADDRESS San Angelo, TEXAS

I, Marie Russell, Clerk County Court, Tom Green County, Texas, do hereby certify that the above and foregoing is a true and correct copy of the certificate of birth of Lillian Cecelia Roller as same appears on file in this office.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this 14th day of July, 1987.

MARIE RUSSELL, County Clerk
Tom Green County, Texas

By Lenagene G. Burleson Deputy
Lenagene G. Burleson

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CYCLE: 01 THROUGH 99 1940 BIRTHS. PAGE 589

NAME	COUNTY	DATE	SEX	MOTHER	FATHER
ELLIOTT, AUDREY GAY	080	DEC 12	F	SHARIS, RUBY	ELLIOTT, L. A.
ELLIOTT, B. E. INF OF	202	OCT 13	M	SALLY, INA	ELLIOTT, B. E.
ELLIOTT, BARBARA ANNE	101	APR 02	F	SULLIVON, JESSIE LOUISE	ELLIOTT, ALTON MACK
ELLIOTT, BARBARA JEAN	101	NOV 07	F	MAGEL, AGNES MARGARET	ELLIOTT, JOHN HENRY
ELLIOTT, BARBARA LONG	015	MAY 27	F	MULSEN, MARION	ELLIOTT, JESSE DUNCAN JR.
ELLIOTT, BETTY SUE	074	JAN 26	F	HARVEY, SAVATOR DELLA	ELLIOTT, EMMETT DOUGLAS
ELLIOTT, BLANCHE ELLEN INF O	116	AUG 11	M	ELLIOTT, BLANCHE ELLEN	
ELLIOTT, BOBBY EARL	109	NOV 01	M	JAMES, BEATRICE	ELLIOTT, LUTHER BENJAMIN
ELLIOTT, BONNIE CARMEN	220	SEP 21	F	OLD, LULA MAE	ELLIOTT, JOE JR.
ELLIOTT, CAROL ANN	205	FEB 14	F	BITNER, ELAINE VIRGINIA	ELLIOTT, ROBERT MERRILL
ELLIOTT, CARROLL LEE	039	OCT 18	M	GARRETT, EVA MILDRED	ELLIOTT, MELVIN JOHNSON
ELLIOTT, CECILIA RUTH	101	OCT 28	F	JOHNSON, MARY NELL	ELLIOTT, CECIL MAYFIELD
ELLIOTT, CHARLES ANDREW	152	JUN 26	M	HOWARD, HELEN ELIZABETH	ELLIOTT, MIBURN BUFORD
ELLIOTT, CHARLES EDWIN	104	JUN 20	M	TUGGLE, OMA EVELYE	ELLIOTT, LEROY
ELLIOTT, CHARLIE J. EDISON	166	JUN 20	M	SNOW, ALICE	ELLIOTT, JAMES A
ELLIOTT, CHESTER FLOYD INF O	188	FEB 02	M	BRYANT, BERNICE	ELLIOTT, CHESTER FLOYD
ELLIOTT, CLIFFORD HENRY	181	NOV 02	M	HERRETH, EDITH BEATRICE	ELLIOTT, HENRY CLIFFORD
ELLIOTT, CLINTON HAROLD	095	NOV 27	M	BRASWELL, FALBYE ELLON	ELLIOTT, CLINTON OSCAR
ELLIOTT, COY LEE	070	FEB 20	M	MOORE, LAURA LEE	ELLIOTT, JOHN OSCAR
ELLIOTT, CURTIS ROY	029	DEC 12	M	JONES, LOIS ERENE	ELLIOTT, A. B.
ELLIOTT, DAISY RUTH	158	SEP 05	F	SIMPSON, MINTHA LU	ELLIOTT, MARION
ELLIOTT, DAVID LEE	116	AUG 03	M	TALLY, LAVELLA	ELLIOTT, WILLIAM
ELLIOTT, DEANNA	114	JUL 10	F	BREWER, JEANNETTE LORRAINE	ELLIOTT, ERNEST EDWIN
ELLIOTT, DONALD K.	175	SEP 14	M	MATTHEWS, OLGA CLESS	ELLIOTT, LEO
ELLIOTT, DOROTHY	057	JUL 04	F	CRADDOCK, DOROTHY MAE	ELLIOTT, JAMES T JR.
ELLIOTT, DOROTHY SHARON	057	MAY 27	F	RUSSELL, ANNIE MAE	ELLIOTT, GEORGE JAMES
ELLIOTT, EDWARD EARL	220	MAR 28	M	GUTLER, EDNA VIOLA	ELLIOTT, LEAMON FRANKLIN
ELLIOTT, EDWIN FRANK	101	OCT 15	M	POWELL, BETTY LOUISE	ELLIOTT, TOLLIE
ELLIOTT, ELIZABETH EVONNE	014	DEC 18	F	RICHARDS, CECIL	ELLIOTT, GARLAND WILLIS
ELLIOTT, FRANCIS LORRAINE	178	FEB 03	F	GIBSON, ERSULA	ELLIOTT, DON
ELLIOTT, FRANKIE JR.	170	FEB 05	M	JOHNSON, ARCHIE LEE	ELLIOTT, FRANK
ELLIOTT, GEORGE WILLIAM	049	MAY 08	M	MOORE, MARY ESTELLE	ELLIOTT, GEORGE JONES
ELLIOTT, GLENDA FAYE	177	NOV 30	F	BROWN, DORIS GRACE	ELLIOTT, GLENN C
ELLIOTT, J. H. JR.	101	NOV 09	M	COOPOOD, LA VERNE FRANCIS	ELLIOTT, JOE HENRY
ELLIOTT, J. W. INF OF	113	MAY 14	M	SCOTT, FRANCIS ESTER	ELLIOTT, J. W.
ELLIOTT, JACQUELYN ANN	117	MAY 22	F	CAMP, IRIS JOY	ELLIOTT, JACK EMMETT BENTO
ELLIOTT, JAMES DOAK	101	AUG 11	M	BROWN, EMILY BERNICE	ELLIOTT, JAMES DOAK
ELLIOTT, JAMES E.	057	NOV 12	M	BOLDEN, LEODA	ELLIOTT, MARSHAL JANE
ELLIOTT, JANICE CHARLENE	101	FEB 28	F	BRATTON, VERA	ELLIOTT, CHARLES OTIS
ELLIOTT, JESSIE LEON	140	SEP 28	M	ANDERSON, EVA LEOTA	ELLIOTT, DAVID LEE
ELLIOTT, JOE DALE	154	JAN 11	M	HERD, MATTIE FRANCES	ELLIOTT, LESTER WILSON
ELLIOTT, JOHN HALSTON INF OF	188	MAY 11	F	ALVEY, AICE FAYE	ELLIOTT, JOHN HALSTON
ELLIOTT, JOHN HENRY	220	JAN 10	M	CLAY, MILLE RUTH	ELLIOTT, LARRY ONCL
ELLIOTT, JOHN STEPHEN	226	APR 13	M	STEPHEN, BONNA NELL	ELLIOTT, JOHN GRANT
ELLIOTT, JUDITH ELLEN	101	OCT 26	F	BOATMAN, SALLY ANN	ELLIOTT, CARL E.
ELLIOTT, KENNETH RAY	101	MAY 23	M	VOGELSANG, ORA MINNIE	ELLIOTT, ROBERT BENJAMIN
ELLIOTT, LEAS HAROLD	227	APR 14	M	ADCOCK, CLARYCE	ELLIOTT, HAROLD ALEXANDER
ELLIOTT, LELA MAE	117	SEP 26	F	CLEMMONS, JANIE	ELLIOTT, GLEN EDWARD
ELLIOTT, LEWIS WESLEY	132	MAR 03	M	MCSEE, ELSIE	ELLIOTT, JOHN HOSSELL
ELLIOTT, MARCIA LADELL	013	OCT 08	F	KIRKMAN, MARTHA BELL	ELLIOTT, D. L.
ELLIOTT, MARION ROSALY	101	SEP 26	F	DUNCAN, RITA MERLE	ELLIOTT, LESTER DUNCAN
ELLIOTT, MARJORIE ANNE	221	JUN 26	F	FRY, MARJORIE HELEN	ELLIOTT, RAYMOND WOODROW
ELLIOTT, MARTHA KATHERINE	196	OCT 31	F	TERRELL, SUSIE GLADYS	ELLIOTT, LONNIE BILL
ELLIOTT, MARY JANE	101	APR 19	F	CAVNAFOX, JANE	ELLIOTT, CARD GARNETT JR

INDEX...ELLIOTT, AUDREY GAY

*** GRID I 4 ***

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THE STATE OF TEXAS,
COUNTY OF BEXAR

No. 308580

TO ANY REGULARLY LICENSED OR ORDAINED MINISTER OF THE GOSPEL, JEWISH RABBI, JUDGE OF THE DISTRICT COURT, JUDGE OF THE COUNTY COURT, OR JUSTICE OF THE PEACE:

You, or either of you, are hereby, authorized to celebrate the rites of matrimony by joining in the Holy Union of Matrimony

John Stephen Elliott 28 and Lillian Cora Rader 20
 in accordance with the Laws of this State and that you make due return of this, your authority, to my office, within sixty days after the celebration aforesaid, certifying how you have executed the same.

GIVEN UNDER MY HAND and the seal of the County Court of Bexar County, Texas, this 9 day of April, 1969



3300 Blackmont
 this the 10th day of April, 1969

The foregoing License executed by joining the within named parties in the HOLY UNION OF MATRIMONY

Two Witnesses Sign Here

James J. Williams
Dorothy F. Welch

Official Performing Ceremony

William Wade Foster
Oxford United Methodist Church

RETURNED the 14th day of April, 1969, A TRUE COPY OF THE ORIGINAL, recorded this 14th day of April, 1969

By James J. Williams, Deputy, James J. Williams, Clerk

THE STATE OF TEXAS,
COUNTY OF BEXAR

No. 308581

TO ANY REGULARLY LICENSED OR ORDAINED MINISTER OF THE GOSPEL, JEWISH RABBI, JUDGE OF THE DISTRICT COURT, JUDGE OF THE COUNTY COURT, OR JUSTICE OF THE PEACE:

You, or either of you, are hereby, authorized to celebrate the rites of matrimony by joining in the Holy Union of Matrimony

John Robert Pradel 33 and Magdalen Vivian Maysonik
 in accordance with the Laws of this State and that you make due return of this, your authority, to my office, within sixty days after the celebration aforesaid, certifying how you have executed the same.

GIVEN UNDER MY HAND and the seal of the County Court of Bexar County, Texas, this 9 day of April, 1969



Rt 5 Box 315 H
 this the 12 day of April, 1969

The foregoing License executed by joining the within named parties in the HOLY UNION OF MATRIMONY

Two Witnesses Sign Here

Arthur L. Lopez
Esmeralda C. Lopez

Official Performing Ceremony

Rev. Andrew F. Parsons
Little Flower Church

RETURNED the 15 day of April, 1969, A TRUE COPY OF THE ORIGINAL, recorded this the 15 day of April, 1969

By James J. Williams, Deputy, James J. Williams, Clerk

THE STATE OF TEXAS,
COUNTY OF BEXAR

No. 308582

TO ANY REGULARLY LICENSED OR ORDAINED MINISTER OF THE GOSPEL, JEWISH RABBI, JUDGE OF THE DISTRICT COURT, JUDGE OF THE COUNTY COURT, OR JUSTICE OF THE PEACE:

You, or either of you, are hereby, authorized to celebrate the rites of matrimony by joining in the Holy Union of Matrimony

Stella Wilma Miller 30 and Deanna Ann Bugg Whitlaid 34
 in accordance with the Laws of this State and that you make due return of this, your authority, to my office, within sixty days after the celebration aforesaid, certifying how you have executed the same.

GIVEN UNDER MY HAND and the seal of the County Court of Bexar County, Texas, this 9 day of April, 1969



11402 Dearing
 this the 19 day of April, 1969

The foregoing License executed by joining the within named parties in the HOLY UNION OF MATRIMONY

Two Witnesses Sign Here

William F. E. Johnson
Edwina M. Johnson

Official Performing Ceremony

Rev. Val J. Reed
First Christian Church

RETURNED the 21 day of April, 1969, A TRUE COPY OF THE ORIGINAL, recorded this the 21 day of April, 1969

By John C. Williams, Deputy, James J. Williams, Clerk

IN THE MATTER OF
THE MARRIAGE OF

§

IN THE DISTRICT COURT

CECELIA R. ELLIOTT
AND

§

285TH JUDICIAL DISTRICT

J. STEVE ELLIOTT

§

BEXAR COUNTY, TEXAS

AGREED FINAL DECREE OF DIVORCE

POSTED
man

On the 7th day of July, 1993, this case came on for hearing.

Appearances

Petitioner, CECELIA R. ELLIOTT, Social Security Number 467-88-2966, appeared in person and through attorney of record, Reginald E. Mullins.

Respondent, J. STEVE ELLIOTT, Social Security Number 459-54-2048, appeared by and through attorney of record, B.F. Pennypacker III.

Record

The making of a record of testimony was waived by the parties with the consent of the Court.

Jurisdiction and Domicile

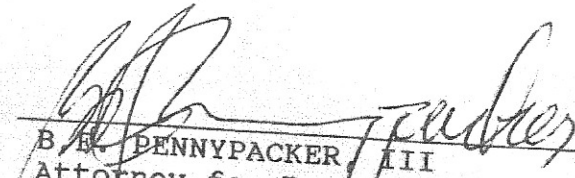
The Court finds that the pleadings of Petitioner are in due form and contain all of the allegations, information, and prerequisites required by law. The Court, after receiving evidence, finds that it has jurisdiction over this cause of action and the parties and that at least sixty (60) days have elapsed since the date the suit was filed. The Court finds that Petitioner has been a domiciliary of this state for at least a six (6) month period preceding the filing of this action and a resident of the county in which this suit is filed for at least a ninety (90) day

POSTED
man

APPROVED AS TO FORM:

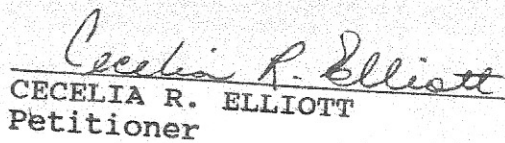


REGINALD E. MULLINS
Attorney for Petitioner
110 Sprucewood Lane
San Antonio, Texas 78216
(210) 828-1241
State Bar No. 14660000

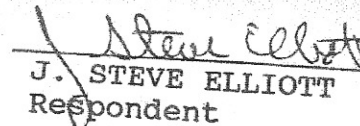


B. H. PENNYPACKER, III
Attorney for Respondent
115 East Travis No. 533
San Antonio, Texas 78205
(210) 226-6621
State Bar No. 15765700

APPROVED AND CONSENTED TO AS
TO BOTH FORM AND SUBSTANCE:



CECELIA R. ELLIOTT
Petitioner



J. STEVE ELLIOTT
Respondent