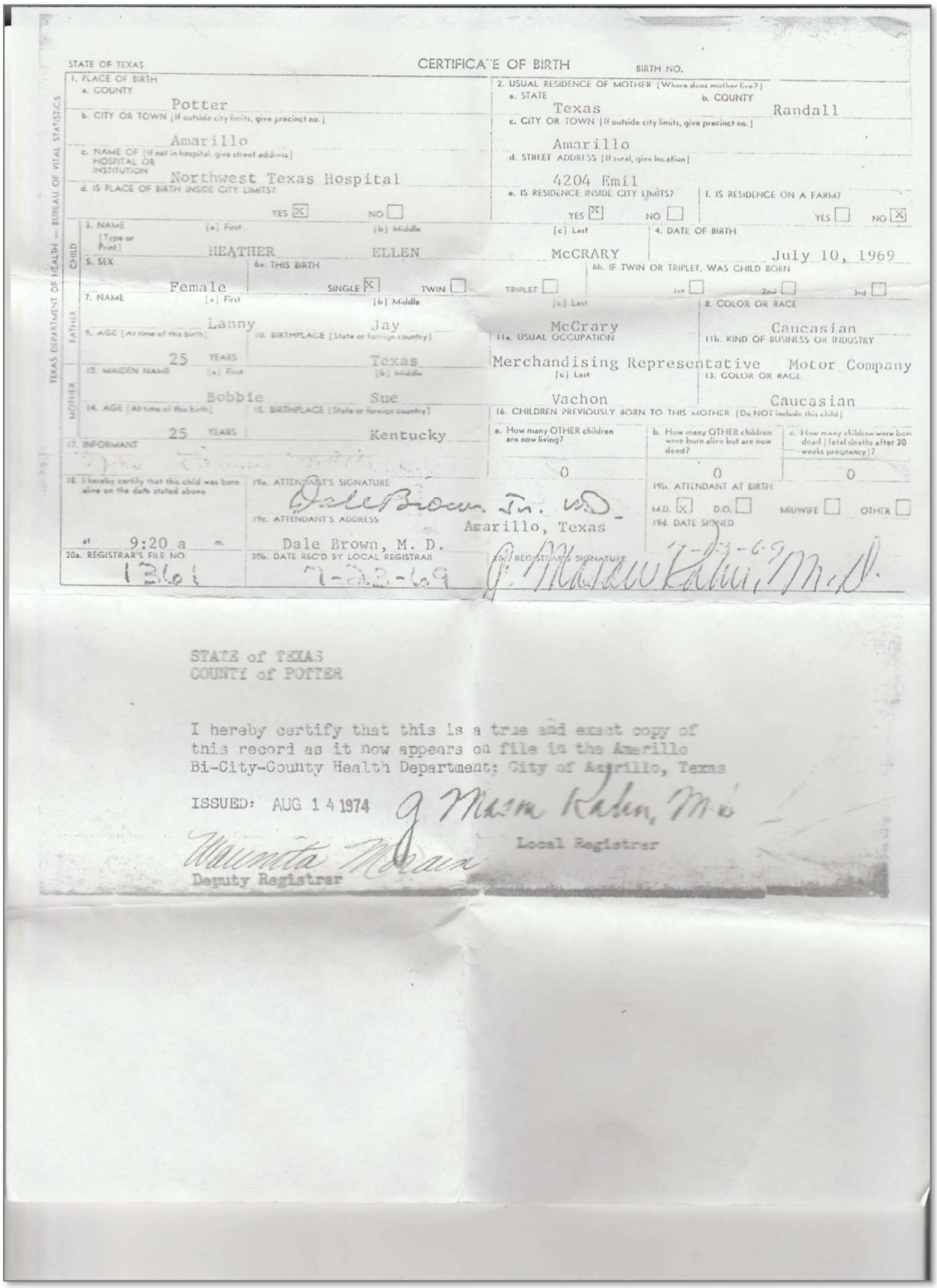

STATE OF TEXAS — CERTIFICATE OF BIRTH — BIRTH NO.

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

CHILD

1. PLACE OF BIRTH
a. COUNTY: Potter
b. CITY OR TOWN [If outside city limits, give precinct no.]: Amarillo
c. NAME OF HOSPITAL OR INSTITUTION [If not in hospital, give street address]: Northwest Texas Hospital
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE OF MOTHER [Where does mother live?]
a. STATE: Texas
b. COUNTY: Randall
c. CITY OR TOWN [If outside city limits, give precinct no.]: Amarillo
d. STREET ADDRESS [If rural, give location]: 4204 Emil
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME [Type or Print] [a] First: HEATHER [b] Middle: ELLEN [c] Last: McCRARY
4. DATE OF BIRTH: July 10, 1969
5. SEX: Female
6a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
6b. IF TWIN OR TRIPLET, WAS CHILD BORN: 1st [ ] 2nd [ ] 3rd [ ]

FATHER

7. NAME [a] First: Lanny [b] Middle: Jay [c] Last: McCrary
8. COLOR OR RACE: Caucasian
9. AGE [At time of this birth]: 25 YEARS
10. BIRTHPLACE [State or foreign country]: Texas
11a. USUAL OCCUPATION: Merchandising Representative
11b. KIND OF BUSINESS OR INDUSTRY: Motor Company

MOTHER

12. MAIDEN NAME [a] First: Bobbie [b] Middle: Sue [c] Last: Vachon
13. COLOR OR RACE: Caucasian
14. AGE [At time of this birth]: 25 YEARS
15. BIRTHPLACE [State or foreign country]: Kentucky
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER [Do NOT include this child]
a. How many OTHER children are now living?: 0
b. How many OTHER children were born alive but are now dead?: 0
c. How many children were born dead [fetal deaths after 20 weeks pregnancy]?: 0

17. INFORMANT

18. I hereby certify that this child was born alive on the date stated above
at 9:20 a m.

19a. ATTENDANT'S SIGNATURE: Dale Brown Jr. MD
19b. ATTENDANT AT BIRTH: M.D. [X] D.O. [ ] MIDWIFE [ ] OTHER [ ]
19c. ATTENDANT'S ADDRESS: Amarillo, Texas
19d. DATE SIGNED: 7-23-69

20a. REGISTRAR'S FILE NO.: 13161
20b. DATE REC'D BY LOCAL REGISTRAR: 7-23-69
20c. REGISTRAR'S SIGNATURE: J. Mason Kahn, M.D.

STATE of TEXAS
COUNTY of POTTER

I hereby certify that this is a true and exact copy of this record as it now appears on file in the Amarillo Bi-City-County Health Department; City of Amarillo, Texas

ISSUED: AUG 14 1974

J. Mason Kahn, M.D.
Local Registrar

Wanda Moore
Deputy Registrar

Texas, Department of Health, Certificate of Birth, Heather Ellen McCrary, born 10 July 1969, in Potter County; provided by client.	26

NO. 30,837-D

FILED
DISTRICT CLERK
POTTER COUNTY, TEXAS
APR 29 5 00 PM '82
BILLIE HANCE HILL

IN THE INTEREST OF
HEATHER ELLEN MCCRARY
A CHILD

IN THE DISTRICT COURT OF
POTTER COUNTY, TEXAS
320TH JUDICIAL DISTRICT

DECREE TERMINATING PARENTAL RIGHTS
AND GRANTING ADOPTION OF STEPCHILD

ON THE 27TH DAY OF APRIL, 1982, DAVID KEITH DAVIS AND HIS WIFE, BOBBIE DAVIS, PETITIONERS, APPEARED IN PERSON AND BY ATTORNEY AND ANNOUNCED READY FOR TRIAL.

LANNY JAY MCCRARY, RESPONDENT, WAIVED ISSUANCE AND SERVICE OF CITATION BY WAIVER DULY FILED AND DID NOT OTHERWISE APPEAR.

ALSO APPEARING WAS GEORGE HARWOOD, APPOINTED BY THE COURT AS GUARDIAN AD LITEM OF THE CHILD THE SUBJECT OF THIS SUIT.

THE COURT, HAVING EXAMINED THE PLEADINGS AND HEARD THE EVIDENCE AND ARGUMENT OF COUNSEL, FINDS THAT IT HAS JURISDICTION OF THIS CAUSE AND OF ALL THE PARTIES AND THAT NO OTHER COURT HAS CONTINUING, EXCLUSIVE JURISDICTION OF THIS CAUSE. A JURY WAS WAIVED, AND ALL MATTERS IN CONTROVERSY, INCLUDING QUESTIONS OF FACT AND OF LAW, WERE SUBMITTED TO THE COURT. ALL PERSONS ENTITLED TO CITATION WERE PROPERLY CITED.

THE COURT FINDS THAT THE FOLLOWING CHILD IS THE SUBJECT OF THIS SUIT:

NAME: HEATHER ELLEN MCCRARY SEX: FEMALE

BIRTHPLACE: AMARILLO, POTTER COUNTY, TEXAS

BIRTHDATE: JULY 10, 1969

PRESENT RESIDENCE: 6223 I-40 WEST, #146, AMARILLO, POTTER COUNTY, TEXAS.

THE COURT FINDS THAT LANNY JAY MCCRARY HAS:

FAILED TO SUPPORT THE CHILDREN IN ACCORDANCE WITH HIS ABILITY DURING A PERIOD OF ONE YEAR ENDING WITHIN SIX MONTHS OF THE DATE OF THE FILING OF THIS PETITION; AND HAS EXECUTED AN UNREVOKED OR IRREVOCABLE AFFIDAVIT OF RELINQUISHMENT OF PARENTAL RIGHTS AS PROVIDED BY SECTION 15.03 OF THE TEXAS FAMILY CODE.

A CERTIFIED COPY
Page 1 of 2
CAROLINE WOODBURN
District Clerk
Potter County, Texas
By _____, Deputy

8/27

Potter County (Texas) District Court, Decree Terminating Parental Rights and Granting Adoption of Step Child, Number 30,837-D, Heather Ellen McCrary, dated 24 April 1982; provided by client.	**27a**

THE COURT ALSO FINDS THAT TERMINATION OF THE PARENT-CHILD RELATIONSHIP BETWEEN LANNY JAY MCCRARY AND THE CHILD IS IN THE BEST INTEREST OF THE CHILD.

THEN THE COURT PROCEEDED TO CONSIDER THE APPLICATION OF DAVID KEITH DAVIS TO ADOPT THE CHILD THE SUBJECT OF THIS SUIT.

THE COURT FINDS THAT THE CHILD HAS LIVED IN THE HOME OF PETITIONERS FOR AT LEAST SIX MONTHS.

THE COURT FINDS THAT THE REQUIRED SOCIAL STUDY HAS BEEN MADE AND IS ON FILE HEREIN.

THE COURT FINDS THAT ALL PREREQUISITES AND REQUIREMENTS FOR ADOPTION HAVE BEEN MET AND THAT THE ADOPTION IS IN THE BEST INTEREST OF THE CHILD.

IT IS DECREED THAT THE ADOPTION OF THE ABOVE-DESCRIBED CHILD THE SUBJECT OF THIS SUIT BY DAVID KEITH DAVIS BE AND IS HEREBY GRANTED AND THAT THE PARENT-CHILD RELATIONSHIP SHALL HENCEFORTH EXIST BETWEEN THE CHILD AND DAVID KEITH DAVIS.

IT IS FURTHER ORDERED THAT THE CHILD HEATHER ELLEN MCCRARY SHALL HENCEFORTH HAVE THE LEGAL NAME OF HEATHER ELLEN DAVIS.

THE COURT FINDS THAT THE CHILD ADOPTED IS A CITIZEN BY BIRTH OF THE UNITED STATES OF AMERICA.

ALL COSTS OF COURT IN THIS CAUSE ARE ADJUDGED AGAINST THE PARTY BY WHOM INCURRED, FOR WHICH LET EXECUTION ISSUE.

IT IS FURTHER ORDERED THAT THE CLERK OF THIS COURT SHALL, AFTER ENTRY OF FINAL ORDERS IN THIS CAUSE, TRANSMIT TO THE STATE DEPARTMENT OF HUMAN RESOURCES AT AUSTIN, TEXAS, CERTIFIED COPIES OF THE PETITION AND JUDGMENT IN THIS CASE; ALL OTHER PAPERS AND RECORDS, INCLUDING THE MINTUES OF THE COURT, IN THIS CASE ARE ORDERED SEALED.

SIGNED THIS 24th DAY OF April, 1982.

M. C. Ledbetter

JUDGE PRESIDING

FILED
DISTRICT CLERK
POTTER COUNTY, TEXAS
APR 23 5 00 PM '82
BILLIE MARIE HILL
DEPUTY

I, Caroline Woodburn, Clerk of the District Courts and County Courts at Law, in and for Potter County, Texas, do hereby certify that the foregoing instrument is a correct copy of the original on file in this office.
ATTESTED this 4th day of May, 2018
By _____ Deputy

Potter County (Texas) District Court, Decree Terminating Parental Rights and Granting Adoption of Step Child, Number 30,837-D, Heather Ellen McCrary, dated 24 April 1982; provided by client.	**27b**

MARRIAGE LICENSE

The State of Texas, County of Harris

To any person authorized by the laws of the State of Texas to celebrate the Rites of Matrimony in the State of Texas

Greeting:

You are hereby authorized to conduct the Rites of Matrimony between

MARK DUANE HOWARD and

HEATHER ELLEN DAVIS

and make due return to the County Clerk of Harris County, Texas, within thirty days of performing the marriage, certifying your action under this license

Witness my official signature and seal of office in Harris County, Texas at

1:38 P.M. on MARCH 12, 1996

Beverly B. Kaufman
County Clerk, Harris County, Texas

Deputy PEGGY J. CORSKI

Officer's Return

This certifies that I have united in marriage the parties named above on this

23rd day of March, 19 96

Signature

Leslie D. Howard

Printed or Typed Name

Associate Minister
Title

Houston / Harris
City and County in which ceremony was performed

493-19-0784

THE COURT ALSO FINDS THAT TERMINATION OF THE PARENT-CHILD RELATIONSHIP BETWEEN LANNY JAY MCCRARY AND THE CHILD IS IN THE BEST INTEREST OF THE CHILD.

THEN THE COURT PROCEEDED TO CONSIDER THE APPLICATION OF DAVID KEITH DAVIS TO ADOPT THE CHILD THE SUBJECT OF THIS SUIT.

THE COURT FINDS THAT THE CHILD HAS LIVED IN THE HOME OF PETITIONERS FOR AT LEAST SIX MONTHS.

THE COURT FINDS THAT THE REQUIRED SOCIAL STUDY HAS BEEN MADE AND IS ON FILE HEREIN.

THE COURT FINDS THAT ALL PREREQUISITES AND REQUIREMENTS FOR ADOPTION HAVE BEEN MET AND THAT THE ADOPTION IS IN THE BEST INTEREST OF THE CHILD.

IT IS DECREED THAT THE ADOPTION OF THE ABOVE-DESCRIBED CHILD THE SUBJECT OF THIS SUIT BY DAVID KEITH DAVIS BE AND IS HEREBY GRANTED AND THAT THE PARENT-CHILD RELATIONSHIP SHALL HENCEFORTH EXIST BETWEEN THE CHILD AND DAVID KEITH DAVIS.

IT IS FURTHER ORDERED THAT THE CHILD HEATHER ELLEN MCCRARY SHALL HENCEFORTH HAVE THE LEGAL NAME OF HEATHER ELLEN DAVIS.

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ALL COSTS OF COURT IN THIS CAUSE ARE ADJUDGED AGAINST THE PARTY BY WHOM INCURRED, FOR WHICH LET EXECUTION ISSUE.

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SIGNED THIS 24th DAY OF April, 1982.

M. C. Ledbetter

JUDGE PRESIDING

FILED
DISTRICT CLERK
POTTER COUNTY, TEXAS
APR 23 5 00 PM '82
BILLIE MARIE HILL
DEPUTY

I, Caroline Woodburn, Clerk of the District Courts and County Courts at Law, in and for Potter County, Texas, do hereby certify that the foregoing instrument is a correct copy of the original on file in this office.
ATTESTED this 4th day of May, 2018
By _____ Deputy

Potter County (Texas) District Court, Decree Terminating Parental Rights and Granting Adoption of Step Child, Number 30,837-D, Heather Ellen McCrary, dated 24 April 1982; provided by client.	**27b**

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

1. PLACE OF BIRTH
STATE OF TEXAS

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

97759

COUNTY OF Potter

CITY OR PRECINCT NO. Amarillo, St. Anthony's Hospital
GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF CHILD Lanny Jay McCrary

RESIDENCE OF THE MOTHER — STREET AND NO. 3905 Tyler St. CITY Amarillo, COUNTY Potter STATE Texas

3. SEX	FOR PLURAL BIRTHS ONLY: 4. TWIN, TRIPLET, OTHER	5. NUMBER, IN ORDER OF BIRTH	6. LEGITIMATE?	7. DATE OF BIRTH
Male			Yes	August 2, 1943, 194

FATHER	MOTHER
8. FULL NAME: Leroy Samuel McCrary	14. FULL MAIDEN NAME: Mary Evelyn Richardson
SOCIAL SECURITY NUMBER: 451-09-5857	SOCIAL SECURITY NUMBER: 451-09-5167
9. POSTOFFICE ADDRESS: 3905 Tyler St., Amarillo, Texas	15. POSTOFFICE ADDRESS: 3905 Tyler St., Amarillo, Texas
10. COLOR OR RACE: White; 11. AGE AT LAST BIRTHDAY: 35 (YEARS)	16. COLOR OR RACE: White; 17. AGE AT LAST BIRTHDAY: 32 (YEARS)
12. BIRTHPLACE (STATE OR COUNTRY): Post, Texas	18. BIRTHPLACE (STATE OR COUNTRY): Bolivia, Texas
Occupation — 13A. TRADE, PROFESSION OR KIND OF WORK DONE: Brakeman	Occupation — 19A. TRADE, PROFESSION OR KIND OF WORK DONE: Housewife
13B. INDUSTRY OR BUSINESS IN WHICH ENGAGED: Santa Fe	19B. INDUSTRY OR BUSINESS IN WHICH ENGAGED: own Home
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 Leroy S. McCrary	ADDRESS OF INFORMANT: 3905 Tyler St. Amarillo, TEXAS

RECEIVED SEP 7 1943 TEXAS

22. MEDICAL ATTENDANCE

I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD ~~STILLBORN~~ BORN ALIVE AT 10:35pm M. ON THE ABOVE DATE.

AND THE PROPHYLACTIC USED TO PREVENT OPHTHALMIA NEONATORUM WAS Silver Nitrate

8/2/43, 194 (DATE) — (SIGNATURE) L. R. Keys, M. D. — Fisk building Amarillo, Texas (POSTOFFICE ADDRESS) TEXAS

23. FILE NUMBER	FILE DATE	SIGNATURE OF LOCAL REGISTRAR	POSTOFFICE ADDRESS
2019	8/9 194 3	M. L. Pulley, M.D	Amarillo TEXAS

CMH

GA12409572

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.

ISSUED MAR 26 2018

TARA DAS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

Banknote Corporation of America

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE STATE OF TEXAS

DEPARTMENT OF STATE HEALTH SERVICES · STATE OF TEXAS · VITAL STATISTICS

Texas, Department of Health, Standard Certificate of Birth, Certificate 97759, Lanny Jay McCrary, born 2 August 1943, in Potter County; provided by client.	31

Registrar of Vital Statistics
Certified Copy

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

76931

Form V. S. No. 2-a
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
Bureau of Vital Statistics

State File No. 7579
Registrar's No. 2275

CERTIFICATE OF LIVE BIRTH

Registration District No. 759 X
Primary Registration District No.

1. PLACE OF BIRTH
(a) County Jefferson
(b) City or town Louisville, Ky.
(c) Name of hospital or institution: Norton Memorial Infirmary
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery: In hospital or institution 19 hrs In this community 2 3 mos
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Kentucky
(b) County Jefferson
(c) City or town Louisville (If outside city or town limits, write RURAL)
(d) Street No. 309 Glendover St. IF RURAL GIVE P. O. ADDRESS

3. FULL NAME OF CHILD Bobbie Sue Vachon

4. Sex	5. Legitimate?	6. Twin, triplet, or other	7. Number months of pregnancy	8. Date of birth
Female	Yes	Number in order of birth 1	9 mos	9/30 19 43 (Month) (Day) (Year)

FATHER OF CHILD
9. Full name Don Jefferson Vachon
10. Color or race White 11. Age at time of this birth 23 yrs.
12. Birthplace Smithville, Texas
13. Usual occupation Flight Officer
14. Industry or business U.S. Army

MOTHER OF CHILD
15. Full maiden name Ellen Grace Dooley
16. Color or race White 17. Age at time of this birth 26 yrs.
18. Birthplace Waco, Texas
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. I hereby certify that I attended the birth of this child who was born alive at the hour of 1:31 A M on the date above stated and that the information given was furnished by Mrs. Vachon related to this child as mother

23. Date received by local registrar OCT 8 1943
24. [illegible] Registrar's (Type) Signature
Attendant's own signature W. T. McConnell (M.D., Midwife or other)
Address 506 Henderson Bldg.

Was blood test for Syphilis made on Mother? Yes If not, why?
Name of test used Kahn Date 4-1-43
Laboratory making test Fort Sam Houston, Texas

Over

WRITE PLAINLY WITH INK

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 19th day of January 19 53.

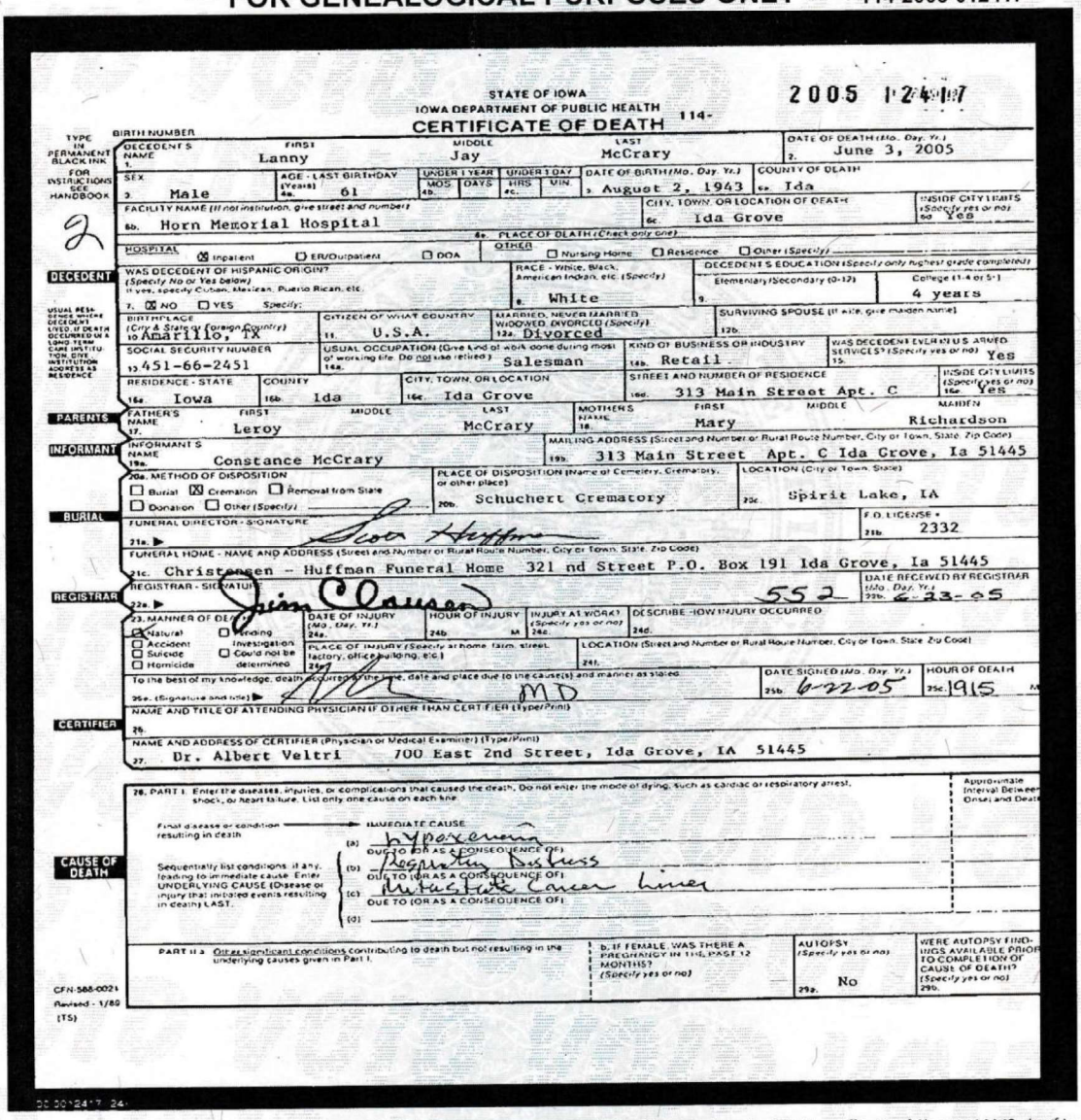
Barbara F. White

U.S. PATENT NO.'s 4227720 4285485 4318188 4227719 4218346 4341484 4351547

Kentucky, Department of Health, Certificate of Live Birth, Certificate 76931, Bobbie Sue Vachon, born 30 September 1943, in Jefferson County; provided by client.	29

STATE OF IOWA
CERTIFICATION OF VITAL RECORD

*** FOR GENEALOGICAL PURPOSES ONLY *** 114-2005-012417



STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH
2005 124117
114-

DECEDENT'S NAME	First: Lanny; Middle: Jay; Last: McCrary
DATE OF DEATH (Mo., Day, Yr.)	June 3, 2005
SEX	Male
AGE - LAST BIRTHDAY (Years)	61
DATE OF BIRTH (Mo., Day, Yr.)	August 2, 1943
COUNTY OF DEATH	Ida
FACILITY NAME (If not institution, give street and number)	Horn Memorial Hospital
CITY, TOWN, OR LOCATION OF DEATH	Ida Grove
INSIDE CITY LIMITS (Specify yes or no)	Yes
PLACE OF DEATH (Check only one)	Hospital: Inpatient; Other: Residence
RACE - White, Black, American Indian, etc. (Specify)	White
DECEDENT'S EDUCATION (Specify only highest grade completed)	Elementary/Secondary (0-12): 4 years
BIRTHPLACE (City & State or Foreign Country)	Amarillo, TX
CITIZEN OF WHAT COUNTRY	U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Divorced
SURVIVING SPOUSE (If wife, give maiden name)	
SOCIAL SECURITY NUMBER	451-66-2451
USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Salesman
KIND OF BUSINESS OR INDUSTRY	Retail
WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no)	Yes
RESIDENCE - STATE	Iowa
COUNTY	Ida
CITY, TOWN, OR LOCATION	Ida Grove
STREET AND NUMBER OF RESIDENCE	313 Main Street Apt. C
INSIDE CITY LIMITS (Specify yes or no)	Yes
FATHER'S NAME	First: Leroy; Middle: ; Last: McCrary
MOTHER'S NAME	First: Mary; Middle: ; Maiden: Richardson
INFORMANT'S NAME	Constance McCrary
MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	313 Main Street Apt. C Ida Grove, Ia 51445
METHOD OF DISPOSITION	Cremation
PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)	Schuchert Crematory
LOCATION (City or Town, State)	Spirit Lake, IA
FUNERAL DIRECTOR - SIGNATURE	Scott Huffman
F.D. LICENSE #	2332
FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	Christensen - Huffman Funeral Home 321 nd Street P.O. Box 191 Ida Grove, Ia 51445
REGISTRAR - SIGNATURE	Jim Clausen
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	6-23-05
MANNER OF DEATH	Natural
DATE OF INJURY (Mo., Day, Yr.)	
HOUR OF INJURY	
INJURY AT WORK? (Specify yes or no)	
DESCRIBE HOW INJURY OCCURRED	
PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)	
LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner as stated.	MD
DATE SIGNED (Mo., Day, Yr.)	6-22-05
HOUR OF DEATH	1915
NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)	
NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print)	Dr. Albert Veltri 700 East 2nd Street, Ida Grove, IA 51445

CAUSE OF DEATH

PART I. 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.

Final disease or condition resulting in death → IMMEDIATE CAUSE
(a) Hyperemia
DUE TO (OR AS A 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) Respiratory Distress
DUE TO (OR AS A CONSEQUENCE OF)
(c) Metastatic Cancer liver
DUE TO (OR AS A CONSEQUENCE OF)
(d)

Approximate Interval Between Onset and Death

PART II. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.

b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no)

AUTOPSY (Specify yes or no): No

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no)

CFN-588-0021
Revised - 1/89
(TS)

This is to certify that this is a true and correct reproduction of the original record as recorded in this state, issued under the authority of Chapter 144 Code of Iowa.
This copy is not valid unless prepared on engraved border displaying state seal and signature of the registrar or designee.
THIS COPY NOT VALID UNLESS UNALTERED AND PREPARED ON CERTIFIED SECURITY PAPER

For Genealogical Purposes Only

07/13/2018
DATE ISSUED

Kim Reynolds
GOVERNOR, STATE OF IOWA
Adam Gregg, Lt. Governor

Melissa R. Bird
DEPUTY STATE REGISTRAR

FORM #588-0328S (Revised 09/2017)

S2500419

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Iowa, Department of Public Health, Certificate of Death, Certificate 200512417, Lanny Jay McCrary, died 3 June 2003, in Ida County; provided by client.	32

RECORD OF MARRIAGE LICENSES

STATE OF TEXAS,

COUNTY OF POTTER

No. 39210

To any Person Authorized by the Laws of the State of Texas to Celebrate the Rites of Matrimony in the State of Texas, Greeting:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE RITES OF MATRIMONY BETWEEN

Mr. Lanny Jay Mc Crary and Miss Bobbie Sue Vachon

and make due return to the Clerk of the County Court of said County within sixty days thereafter, certifying your action under this License.

WITNESS my official signature and seal of office, at office in Amarillo, Texas, the 17 day of June 19 65

(L.S.)

ANN LYLE
By Kay Stargel Deputy. Clerk County Court, Potter County, Texas

I hereby certify that on the 19th day of June A. D., 19 65,

I united in Marriage the parties above named.

WITNESS my hand, this 19th day of June 19 65

Newton J. Hobson
Signature of person performing ceremony

Minister
Title of person performing ceremony

First Christian Church, Amarillo
Address of person performing ceremony

Returned and filed for record the 22 day of June 19 65, and recorded

the 22 day of June 19 65

By [signature] Deputy.

ANN LYLE, Clerk County Court.

Potter County (Texas) County Court, Marriage License, Number 39210, Lanny Jay McCrary to Bobbie Sue McCrary, married 19 June 1965; provided by client.	30

TEXAS STATE BOARD OF HEALTH

B. O. V. S. FORM B

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

23517

(1) PLACE OF BIRTH

County of Bastrop (No.) Registration District No. 7 File No. 76

City Smithville (No.) St. Dan Jefferson Vachon Register No. 28 Ward)

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed.

(3) Sex of Child Male (4) Twin, triplet, or other (5) Number in order of birth (6) Legitimate (Yes or No) yes (7) Date of Birth May 8, 1920 (Month) (Day) (Year)

(To be answered in event of plural births)

FATHER

(8) FULL NAME George Hurlbut Vachon (14) FULL MAIDEN NAME Nellie Burleson Vachon

(9) RESIDENCE Post Office Address Smithville (15) RESIDENCE Post Office Address Smithville

(10) COLOR White (11) AGE AT LAST BIRTHDAY 27 (Years) (16) COLOR White (17) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Merced Calif (18) BIRTHPLACE Smithville, Texas

(13) OCCUPATION R. R. Brakeman (19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth One (21) Number of children of this mother now living One

When more than one child is born a certificate for each child must be filed, filling items 4 and 5 carefully. For stillbirth file both birth and death certificates.

(22) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 a.-M. on the date above stated

*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) Fred Haynes MD

Physician or Midwife)

Address Smithville

Give name added from a supplemental report , 192

(23) Filed May 14, 1920 Registrar. Registrar.

(24) Were prophylactic precautions taken at time of birth to prevent opthalmia neonatorium? Yes yes No

Form 52b—G163-827-50m

STATE DEPARTMENT

Texas, State Board of Health, Standard Certificate of Birth, Certificate 23517, Dan Jefferson Vachon, born 8 May 1920, in Smithville, Bastrop County; digital image, "Texas, Birth Certificates, 1903-1932," *Ancestry* (http://www.ancestry.com), accessed January 2018, provided by client.

TEXAS STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

B. O. V. S. FORM B

23764

PLACE OF BIRTH

(1) County McLennan

City Waco

Reg. Dis. No. ______ Register No. 285

No. 1218 N. 5th St.; ______ Ward)

(2) FULL NAME OF CHILD Ellen Grace Dooley { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other	(5) Number in order of birth	(12) Legitimate	(13) Date of Birth
Female	– (To be answered in event of plural births)	–	yes (Yes or no)	May (Month) 20 (Day), 1923 (Year)

FATHER		MOTHER	
(6) FULL NAME	John Hood Dooley	(14) FULL MAIDEN NAME	Grace Jewel Williams
(7) RESIDENCE	1218 N 5th St. Waco Tx	(15) RESIDENCE	1218 N 5th St. Waco
(8) COLOR	White; AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR	White; AGE AT LAST BIRTHDAY 20 (Years)
(9) BIRTHPLACE	Milam co Tx	(17) BIRTHPLACE	Milam Co Tx
(10) OCCUPATION	Machinist	(18) OCCUPATION	Housewife

(11) Number of children born to this mother, including present birth One Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(19) I hereby certify that I attended the birth of this child, who was born alive ~~stillborn~~ at 8:15 a.M. on the date above stated.

{ *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) H. J. Gessmann (Physician or Midwife)

Address 606 Liberty Nat'l Bank Bldg Waco Tx

Given name added from a supplemental

report ______ 192__

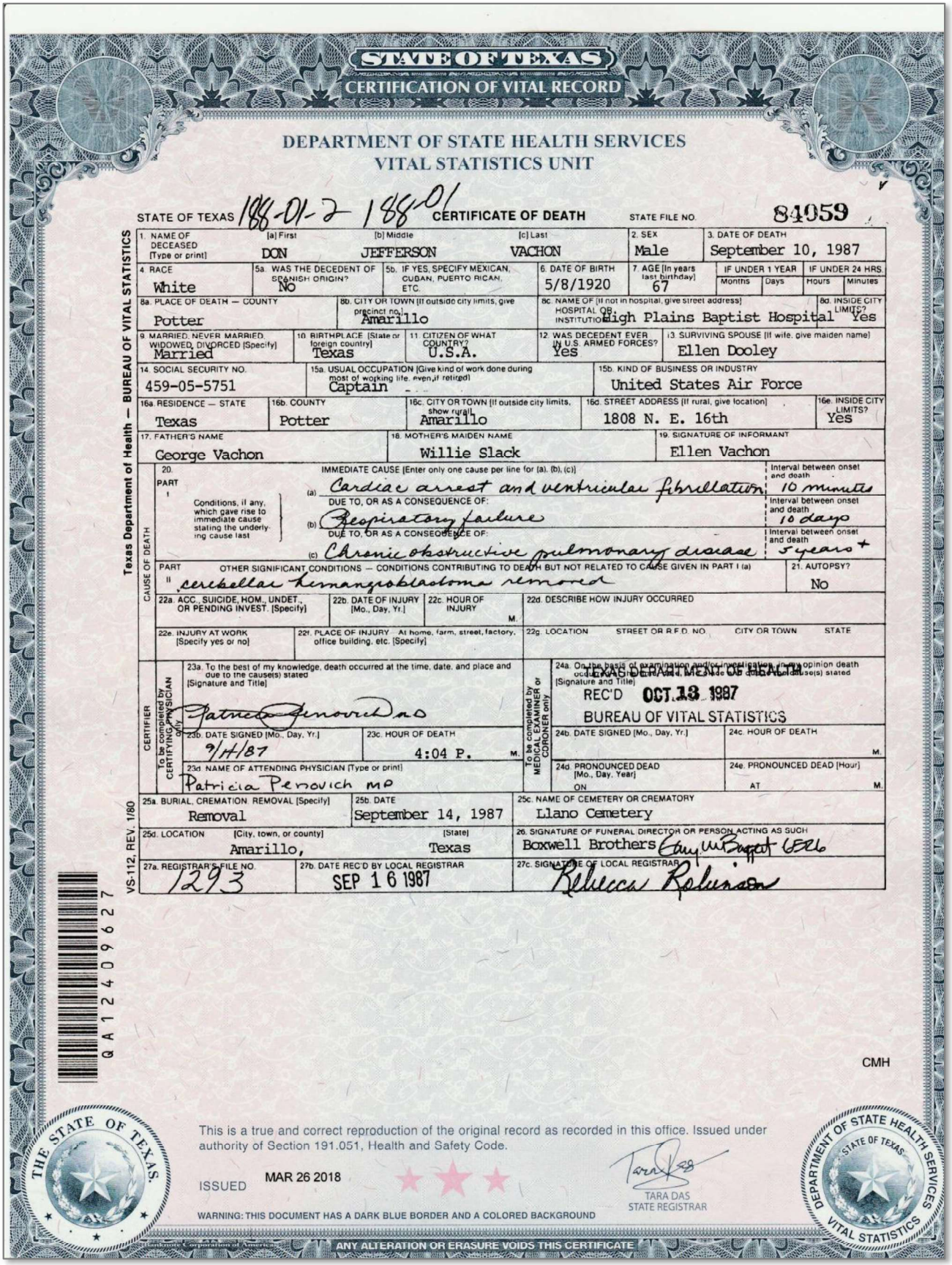
______ Registrar.

Filed MAY 31 1923 192__ R. F. MINNOCK Registrar. Health Officer

Tobin, Austin Form 52b—T37—2-21—100M.

State Law Governing Birth Registration Read Reverse Side. When more than one child is born a certificate for each child must be filed, filling items 4 … carefully. For stillbirth file both birth and death certificates.

Texas, State Board of Health, Standard Certificate of Birth, Certificate 23764, Ellen Grace Dooley, born 20 May 1923, in Waco, McLennan County; digital image, "Texas, Birth Certificates, 1903-1932," *Ancestry* (http://www.ancestry.com), accessed January 2018, provided by client.



STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

STATE OF TEXAS 188-01-2 188-01 CERTIFICATE OF DEATH STATE FILE NO. 84059

Texas Department of Health — BUREAU OF VITAL STATISTICS

1. NAME OF DECEASED (Type or print)	[a] First: DON	[b] Middle: JEFFERSON	[c] Last: VACHON	2. SEX: Male	3. DATE OF DEATH: September 10, 1987
4. RACE: White	5a. WAS THE DECEDENT OF SPANISH ORIGIN?: NO	5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.	6. DATE OF BIRTH: 5/8/1920	7. AGE (In years last birthday): 67	IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Minutes
8a. PLACE OF DEATH — COUNTY: Potter	8b. CITY OR TOWN (If outside city limits, give precinct no.): Amarillo	8c. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION: High Plains Baptist Hospital			8d. INSIDE CITY LIMITS?: Yes
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	10. BIRTHPLACE (State or foreign country): Texas	11. CITIZEN OF WHAT COUNTRY?: U.S.A.	12. WAS DECEDENT EVER IN U.S. ARMED FORCES?: Yes	13. SURVIVING SPOUSE (If wife, give maiden name): Ellen Dooley	
14. SOCIAL SECURITY NO.: 459-05-5751	15a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Captain	15b. KIND OF BUSINESS OR INDUSTRY: United States Air Force			
16a. RESIDENCE — STATE: Texas	16b. COUNTY: Potter	16c. CITY OR TOWN (If outside city limits, show rural): Amarillo	16d. STREET ADDRESS (If rural, give location): 1808 N. E. 16th		16e. INSIDE CITY LIMITS?: Yes
17. FATHER'S NAME: George Vachon	18. MOTHER'S MAIDEN NAME: Willie Slack	19. SIGNATURE OF INFORMANT: Ellen Vachon			

CAUSE OF DEATH

20. PART I — Conditions, if any, which gave rise to immediate cause stating the underlying cause last

IMMEDIATE CAUSE [Enter only one cause per line for (a), (b), (c)]
(a) Cardiac arrest and ventricular fibrillation — Interval between onset and death: 10 minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Respiratory failure — Interval between onset and death: 10 days
DUE TO, OR AS A CONSEQUENCE OF:
(c) Chronic obstructive pulmonary disease — Interval between onset and death: 5 years +

PART II — OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): cerebellar hemangioblastoma removed
21. AUTOPSY?: No

22a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	22b. DATE OF INJURY (Mo., Day, Yr.)	22c. HOUR OF INJURY M.	22d. DESCRIBE HOW INJURY Ooccurred
22e. INJURY AT WORK (Specify yes or no)	22f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	22g. LOCATION — STREET OR R.F.D. NO. / CITY OR TOWN / STATE	

CERTIFIER — To be completed by CERTIFYING PHYSICIAN

23a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated [Signature and Title]: Patricia Jenovich M.D.
23b. DATE SIGNED (Mo., Day, Yr.): 9/11/87
23c. HOUR OF DEATH: 4:04 P. M.
23d. NAME OF ATTENDING PHYSICIAN (Type or print): Patricia Penovich MD

To be completed by MEDICAL EXAMINER or CORONER only

24a. 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) stated [Signature and Title]: TEXAS DEPARTMENT OF HEALTH
REC'D OCT 13 1987
BUREAU OF VITAL STATISTICS
24b. DATE SIGNED (Mo., Day, Yr.)
24c. HOUR OF DEATH M.
24d. PRONOUNCED DEAD (Mo., Day, Year) ON
24e. PRONOUNCED DEAD (Hour) AT M.

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal	25b. DATE: September 14, 1987	25c. NAME OF CEMETERY OR CREMATORY: Llano Cemetery
25d. LOCATION (City, town, or county): Amarillo,	(State): Texas	26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Boxwell Brothers Gary W. Boxwell 6526
27a. REGISTRAR'S FILE NO.: 1293	27b. DATE REC'D BY LOCAL REGISTRAR: SEP 16 1987	27c. SIGNATURE OF LOCAL REGISTRAR: Rebecca Roberson

VS-112, REV. 1/80

QA12409627

CMH

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.

ISSUED MAR 26 2018

TARA DAS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

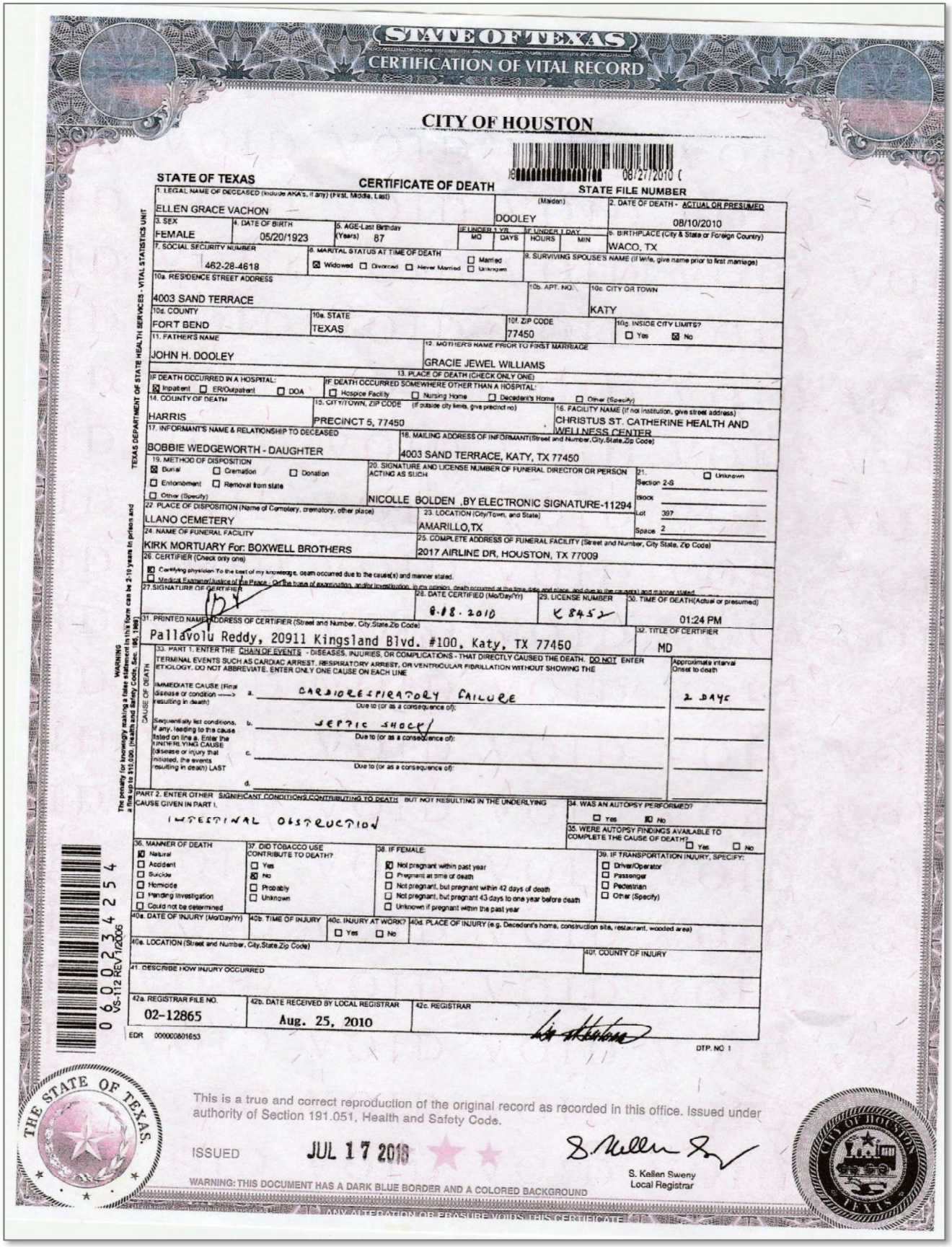
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE STATE OF TEXAS

DEPARTMENT OF STATE HEALTH SERVICES — STATE OF TEXAS — VITAL STATISTICS

Rankhote Corporation of America

Texas, Department of State Health Services, Certificate of Death, Certificate 84059, Don Jefferson Vachon, died 10 September 1987, in Potter County; provided by client.	36



STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

CITY OF HOUSTON

STATE OF TEXAS — CERTIFICATE OF DEATH — STATE FILE NUMBER 08/27/2010

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last): ELLEN GRACE VACHON
(Maiden): DOOLEY
2. DATE OF DEATH - ACTUAL OR PRESUMED: 08/10/2010
3. SEX: FEMALE
4. DATE OF BIRTH: 05/20/1923
5. AGE-Last Birthday (Years): 87
If Under 1 Yr. MO / DAYS / If Under 1 Day HOURS / MIN
6. BIRTHPLACE (City & State or Foreign Country): WACO, TX
7. SOCIAL SECURITY NUMBER: 462-28-4618
8. MARITAL STATUS AT TIME OF DEATH: ☒ Widowed ☐ Divorced ☐ Never Married ☐ Married ☐ Unknown
9. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage)
10a. RESIDENCE STREET ADDRESS: 4003 SAND TERRACE
10b. APT. NO.
10c. CITY OR TOWN: KATY
10d. COUNTY: FORT BEND
10e. STATE: TEXAS
10f. ZIP CODE: 77450
10g. INSIDE CITY LIMITS? ☐ Yes ☒ No
11. FATHER'S NAME: JOHN H. DOOLEY
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: GRACIE JEWEL WILLIAMS
13. PLACE OF DEATH (CHECK ONLY ONE)
IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
14. COUNTY OF DEATH: HARRIS
15. CITY/TOWN, ZIP CODE (If outside city limits, give precinct no): PRECINCT 5, 77450
16. FACILITY NAME (If not institution, give street address): CHRISTUS ST. CATHERINE HEALTH AND WELLNESS CENTER
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED: BOBBIE WEDGEWORTH - DAUGHTER
18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code): 4003 SAND TERRACE, KATY, TX 77450
19. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)
20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: NICOLLE BOLDEN ,BY ELECTRONIC SIGNATURE-11294
21. ☐ Unknown — Section 2-S / Block / Lot 397 / Space 2
22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place): LLANO CEMETERY
23. LOCATION (City/Town, and State): AMARILLO,TX
24. NAME OF FUNERAL FACILITY: KIRK MORTUARY For: BOXWELL BROTHERS
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City State, Zip Code): 2017 AIRLINE DR, HOUSTON, TX 77009
26. 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.
27. SIGNATURE OF CERTIFIER
28. DATE CERTIFIED (Mo/Day/Yr): 8.18.2010
29. LICENSE NUMBER: K8452
30. TIME OF DEATH (Actual or presumed): 01:24 PM
31. PRINTED NAME & ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code): Pallavolu Reddy, 20911 Kingsland Blvd. #100, Katy, TX 77450
32. TITLE OF CERTIFIER: MD

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. 195.1685)

CAUSE OF DEATH
33. 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 LINE

		Approximate Interval Onset to death
IMMEDIATE CAUSE (Final disease or condition ——> resulting in death) a.	CARDIORESPIRATORY FAILURE	2 DAYS
Due to (or as a consequence of):		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b.	SEPTIC SHOCK	
Due to (or as a consequence of):		
c.		
Due to (or as a consequence of):		
d.		

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.: INTESTINAL OBSTRUCTION
34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No
36. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ No ☐ Probably ☐ Unknown
38. 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
39. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
40a. DATE OF INJURY (Mo/Day/Yr)
40b. TIME OF INJURY
40c. INJURY AT WORK? ☐ Yes ☐ No
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
40e. LOCATION (Street and Number, City, State, Zip Code)
40f. COUNTY OF INJURY
41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.: 02-12865
42b. DATE RECEIVED BY LOCAL REGISTRAR: Aug. 25, 2010
42c. REGISTRAR

EDR 000000801653
DTP, NO 1

VS-112 REV 1/2006 0 6 0 0 2 3 4 2 5 4

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.

ISSUED JUL 17 2018

S. Kellen Sweny
Local Registrar

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Texas, State Board of Health, Certificate of Death, Certificate 08272010, Ellen Grace Vachon, died 10 August 2010, in Fort Bend County; provided by client.	38

RECORD OF MARRIAGE LICENSES

135

399 FOR SALE BY BARNARD—DALLAS

MARRIAGE LICENSE 969

STATE OF TEXAS,
County of Bastrop

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge of the District or County Court, or any Justice of the Peace in and for the State of Texas—GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE RITES OF MATRIMONY Between Mr. Sgt. Don Jefferson Vachon and Miss Ellen Grace Dooley and make due return to the Clerk of the County Court of said County within sixty days thereafter, certifying your action under this License.

WITNESS my official signature and seal of office, at Bastrop, Texas, the 24 day of December 1942

(L. S.)

Tignal Jones

By _____ Deputy. Clerk of County Court, Bastrop County, Texas.

I, Rev. Wm. C. Wright hereby certify that on the 27 day of December 1942, I united in Marriage Mr. Sgt Don Jefferson Vachon and Miss Ellen Grace Dooley, the parties above named.

WITNESS my hand, this 27 day of December 1942

Rev. Wm. C. Wright
First Christian Church

Returned and filed for record the 28 day of December 1942, and recorded the 28 day of December 1942

By Bob Rogers Deputy.

Tignal Jones
Clerk County Court.

Bastrop County (Texas) County Court, Marriage Licenses, p. 135, Don Jefferson Vachon to Ellen Grace Dooley, married 27 December 1942; provided by client.	37

Form 15-6

DEPARTMENT OF COMMERCE—B

FIFTEENTH CENSUS OF THE

POPULATION S

[State] Texas

[Count]y Bastrop

[Town]ship or other [divi]sion of county Precinct 2

[Ins]ert proper name and also name of class, as township, town, precinct, district, etc. See instructions.)

Incorporated place Smithville (town) (918) Texas
(Insert proper name and also name of class, as city, village, town, or borough. See instructions.)

Ward of city .... Block No. ....

Unincorporated place ....
(Enter name of any unincorporated place having approximately 100 inhabitants or more. See instructions.)

Institution ....
(Insert name of institution, if any, and indicate the lines on which the entries a...)

[PLA]CE OF ABODE			NAME	RELATION	HOME DATA				PERSONAL DESCRIPTION					EDUCATION		PLACE OF BIRTH			MO[THER TONGUE] LAN[GUAGE]
[H]ouse number in cities or towns)	Number of dwelling house in order of visitation	Number of family in order of visitation	of each person whose *place of abode* on April 1, 1930, was in this family. Enter surname first, then the given name and middle initial, if any. Include every person living on April 1, 1930. Omit children born since April 1, 1930	Relationship of this person to the head of the family	Home owned or rented	Value of home, if owned, or monthly rental, if rented	Radio set	Does this family live on a farm?	Sex	Color or race	Age at last birthday	Marital condition	Age at first marriage	Attended school or college any time since Sept. 1, 1929	Whether able to read and write	Place of birth of each person enumerated and of his or her parents. If born in the United States, give State or Territory. If of foreign birth, give country in which birthplace is now situated. (See Instructions.) Distinguish Canada-French from Canada-English, and Irish Free State from Northern Ireland — PERSON	FATHER	MOTHER	Langu[age] in h[ome] con[ing to] Uni[ted States]
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
			——, Hugh R.	Step-son				no	M	W	13	S		yes	yes	Texas	Texas	Texas	
	303	334	Slack, George J.	Head	O	2000	R	no	M	W	70	M	24	no	yes	Texas	United States	Louisiana	
			——, Sallie	wife-H				V	F	W	66	M	20	no	yes	Texas	Texas	Tennessee	
			Vachon, George	son-in law				V	M	W	37	M	26	no	yes	Indiana	United States	Indiana	
			——, Willie	daughter				V	F	W	34	M	23	no	yes	Texas	Texas	Texas	
			——, Don J.	Son				V	M	W	9	S		yes		Texas	Indiana	Texas	
	304	335	Fite, Olin C.	Head	O	3500	R	no	M	W	45	M	20	No	yes	Texas	Tennessee	Kentucky	
			——, Myrtle	Wife				V	F	W	45	M	20	no	yes	Texas	Texas	Texas	

ancestry

George J Slack
in the 1930 United States Federal Census

Name:	George J Slack [Geroge J Slack]
Birth Year:	abt 1860
Gender:	Male
Race:	White
Birthplace:	Texas
Marital status:	Married
Relation to Head of House:	Head
Home in 1930:	Smithville, Bastrop, Texas, USA
Map of Home:	View Map
Street address:	Hudgins
House Number:	189
Dwelling Number:	303
Family Number:	334
Home Owned or Rented:	Owned
Home Value:	2000
Radio Set:	Yes
Lives on Farm:	No
Age at first Marriage:	24
Attended School:	No
Able to Read and Write:	Yes
Father's Birthplace:	United States
Mother's Birthplace:	Louisiana
Able to Speak English:	Yes

Household Members:

Name	Age
George J Slack	70
Sallie Slack	66
George Vachon	37
Willie Vachon	34
Don J Vachon	9

Source Citation

Year: *1930*; Census Place: *Smithville, Bastrop, Texas*; Page: *13A*; Enumeration District: *0004*; FHL microfilm: *2342024*

Source Information

Ancestry.com. *1930 United States Federal Census* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2002.

Original data: United States of America, Bureau of the Census. *Fifteenth Census of the United States, 1930*. Washington, D.C.: National Archives and Records Administration, 1930. T626, 2,667 rolls.

Description

STATE OF TEXAS — CERTIFICATE OF DEATH — STATE FILE NO. 40493

1. PLACE OF DEATH
a. COUNTY: Bell
b. CITY OR TOWN (If outside city limits, give precinct no.): Temple
c. LENGTH OF STAY in I b.: 5 mo, 4 days
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION: Veterans Administration Center
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES X NO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Texas
b. COUNTY: Bastrop
c. CITY OR TOWN (If outside city limits, give precinct no.): Smithville
d. STREET ADDRESS (If rural, give location): 404 Garwood
e. IS RESIDENCE INSIDE CITY LIMITS? YES X NO
f. IS RESIDENCE ON A FARM? YES NO X

3. NAME OF DECEASED (Type or print): (a) First: GEORGE (b) Middle: H. (c) Last: VACHON
4. DATE OF DEATH: July 4, 1964
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 1-15-93
9. AGE (In years last birthday) Months / Days / IF UNDER 1 YEAR Hours / IF UNDER 24 HRS. Minutes: 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George J. Vachon
14. MOTHER'S MAIDEN NAME: Emma Shearer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 702 10 7735
17. INFORMANT: Official Veterans Administration Records

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate
DUE TO (b): Transitional cell carcinoma of the bladder with metastasis — Many years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. / Month / Day / Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)
20f. CITY, TOWN, OR LOCATION

TEXAS DEPARTMENT OF HEALTH
REC'D AUG 10 1964
COUNTY BUREAU OF VITAL STATISTICS

21. I hereby certify that I attended the deceased from January 3, 19 64 to July 4, 19 64 and that death occurred at 11:30 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Arnold S. Haisten, M. D., Chief, Surgical Sv., VA Center, Temple, Texas
22b. ADDRESS
22c. DATE SIGNED: 7-6-64
23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: July 4, 1964
23c. NAME OF CEMETERY OR CREMATORY: Unknown
23d. LOCATION (City, town, or county): Removal
(State): Texas
24. FUNERAL DIRECTOR'S SIGNATURE: Hewett Funeral Home per Roy Hewett # 419
25a. REGISTRAR'S FILE NO.: 431
25b. DATE REC'D BY LOCAL REGISTRAR: 7-10-64
25c. REGISTRAR'S SIGNATURE: Claude Morgan by Delmer Boyd

VS-112 REV. 1/58

Texas, Department of Health, Certificate of Death, Certificate 40493, George H. Vachon, died 4 July 1964, in Bastrop County; digital image, "Texas, Death Certificates, 1903-1982," *Ancestry* (http://www.ancestry.com), accessed January 2018, provided by client.

11-3-0-2 11-3-0

TEXAS DEPARTMENT OF HEALTH 4201 25
BUREAU OF VITAL STATISTICS
STATE OF TEXAS — CERTIFICATE OF DEATH

STATE FILE NO. 62170

1. PLACE OF DEATH
a. COUNTY Bastrop
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Smithville
c. LENGTH OF STAY (In this place) 2 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Smithville Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Texas
b. COUNTY Bastrop
c. CITY OR TOWN (If outside corporate limits, write RURAL and give precinct no.) Smithville
d. STREET ADDRESS (If rural, give location) 404 Garwood

3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) Burleson c. (Last) Vachon
4. DATE OF DEATH 11-21-56
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 18, 1896
9. AGE YEARS 60 MONTHS 8 DAYS 2 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Texas
12. FATHER'S NAME Geo. J Slack
BIRTHPLACE Texas
13. MOTHER'S MAIDEN NAME Sallie Burleson
BIRTHPLACE Texas
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
15. SOCIAL SECURITY NO. - - - - - -
16. INFORMANT'S SIGNATURE George M. Vachon

MEDICAL CERTIFICATION

17. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion
ANTECEDENT CAUSES
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

TEXAS DEPARTMENT OF HEALTH
REC'D JAN 4 1957
BUREAU OF VITAL STATISTICS

18a. DATE OF OPERATION
18b. MAJOR FINDINGS OF OPERATION
19. AUTOPSY? YES ☐ NO ☒
20a. ACCIDENT SUICIDE HOMICIDE (Specify)
20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20c. CITY, TOWN, OR PRECINCT NO. (COUNTY) (STATE)
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20f. HOW DID INJURY OCCUR?

21. I hereby certify that I attended the deceased from 7/22 19 53 to 11/21 19 56, that I last saw the deceased alive on 11/21 1956, and that death occurred at 5:50 P m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) M.D.
22b. ADDRESS Smithville Texas
22c. DATE SIGNED 11-23-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-28-56
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State) Smithville Texas
24. FUNERAL DIRECTOR'S SIGNATURE Harry McCraw of Harris Funeral Home 4334
25a. REGISTRAR'S FILE NO. 20
25b. DATE REC'D BY LOCAL REGISTRAR Dec. 3 - 1956
25c. REGISTRAR'S SIGNATURE

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

Texas, Department of Health, Certificate of Death, Certificate 62170, Willie Burleson Slack Vachon, died 21 November 1956, in Bastrop County; digital image, "Texas, Death Certificates, 1903-1982," *Ancestry* (http://www.ancestry.com), accessed January 2018, provided by client.

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RECORD OF MARRIAGE LICENSES

61134 BENEFFY PRINTING CO., PARIS, TEXAS.

Form 1

THE STATE OF TEXAS, } No. 154

County of Bastrop

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge of the District or County Court, or any Justice of the Peace, in and for the State of Texas,—Greeting:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE RITES OF MATRIMONY BETWEEN Mr. George H. Vachon and Miss Willie B. Slack

and make due return to the Clerk of the County Court of said County within sixty days thereafter, certifying your action under this License. WITNESS my official signature and seal of office in Bastrop Texas, the 16 th day of August 1919

(Seal)

Ormie Lee Alexander

Clerk County Court Bastrop County, Texas

By Deputy

I, A. M. Polsgrove hereby certify that on the 17 th day of August 1919, I united in marriage George H. Vachon and Miss Willie B. Slack the parties above named.

WITNESS my hand this 18 th day of August 1919

A. M. Polsgrove

RETURNED and filed for record the 20 day of August 1919, and recorded the 20 day of August 1919

Ormie Lee Alexander

County Clerk.

By Deputy

Bastrop County (Texas) County Court, Record of Marriage Licenses, p. 36, Willie B. Slack to George H. Vachon, married 17 August 1919; digital image, "Marriage Certificate," Person Number 19602623441, Tree Number 41283720, Public Member Trees, *Ancestry* (http://www.ancestry.com), accessed January 2018, provided by client.	5

	When Entered	When Dischargd.	Days in Service	Pay p day	£	S	D
Iames Cox						17	4
Iacob Kelly						17	4
Iohn Silver						17	4
Isaac Pretchird						17	4
Iohn Kelly						17	4
Iohn Isaacks						17	4
Iohn Slack						17	4
Reubin Blackford						17	4
Iames Wright						17	4
George Kupp						17	4
Iames Whitecotton						17	4
Iacob Sice						17	4
Benjn. Berry	25 Octr.	3 Novr.	10	1/4		13	4
William Morrow	Do					13	4
Thomas Darnold	Do					13	4
Joseph Akers	Do					13	4
Joseph Love	Do					13	4
William Griffin	Do					13	4
John Martiall	Do					13	4
Joseph Collins	Do					13	4
Sejwick McCraken						13	4
Allen Howard							
John Cowing							
Thomas Moore							
					Amt. £30	13	4

Lincoln —— Gabriel Madison made oath before me that the above pay role was just.
Benja. Logan

See Document 93 (19 October 1782) for explanatory note.
See Index, "Expedition Against the Shawnee, 1782," for related documents.
See Index, "Lincoln County Militia," for related documents.

Document 83 (22 October — 26 November 1782)

Pay Role of Captain John Martins Company of Militia on the late Indian expedition under the Command of Brigadier General George Rogers Clark

Persons Names	Rank	When join'd	When dischd.	No. of days in Service	Pay p Day	Totals £	S	D	Casualties
		1782	1782						
John Martin	Captn.	Octr. 22d.	Novr. 26th	36	5/	9	0	0	
Thomas Montgomery	Lieut.	Ditto	Ditto	36	2/	3	12	0	
James Craig	Ensign	Ditto	Ditto	36	2/	3	12	0	
Wm. Montgomery Jr.	Adjt.	Ditto	Ditto	36	/7	4	13	6	
Patrick Brown	S. Major	Ditto	Ditto	36	2/	3	12	0	
Willm. Montgomery Sr.	Qt. Master	Ditto	Ditto	36	2/3	4	1	0	
John McAnnally	Serjt.	Ditto	Ditto	36	1/4	2	8	0	
Hugh Logan	Private	Ditto	Ditto	36	1/4	2	8	0	
Joseph Russell	Do	Ditto	Ditto	36		2	8	0	
John King	Do	Ditto	Ditto	36		2	8	0	
James Asby	Do	Ditto	Ditto	36		2	8	0	

GEORGE ROGERS CLARK AND HIS MEN
MILITARY RECORDS, 1778-1784

COMPILED BY
MARGERY HEBERLING HARDING

INTRODUCTION BY LOWELL H. HARRISON

The Kentucky Historical Society
Frankfort

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Printed in the United States of America

I do cetify the above service was performed.
Benjamin Logan C L

[1]See Index, "Lincoln County Militia," for related documents.

Document 69 (24 May — 24 June 1782)

A pay Roll of Capt. Nathel. Hart Company of Molitia in Actual Service by order of Col. Binjamin Logan Guarding th Frontiare of Lincoln County 1782.

Men Names	When Ent.	When Disd.	Service Day in	Pay pr day	£	S	I
	1782		Cervice				
Nathel. Hart Capt.	May 24	Jun 24	Days in	2/	3	2	(
Edward Williams	Do	24	Do 31	1/4	2	1	4
John Harper	Do	24	Do 31		2	1	4
Archbil Bill	Do	24	Do 31		2	1	4
Williams King	Do	24	Do 31		2	1	4
Eneas Tuy	Do	24	Do 31		2	1	4
Dobson Tharp	Do	24	Do 31		2	1	4
Nathel. Bullock	Do	24	Do 31		2	1	4
William Molton	Do	24	Do 31		2	1	4
Loyd Porkwood	Do	24	Do 31		2	1	4
Nicholas Andeson	Do	24	Do 31		2	1	4
Whison George	Do	24	Do 31		2	1	4
					£25	16	8

Lincoln County March 2 1783
This Day Lieut. John South provd on an oath that the above pay roll is Just before me.
John Logan
I do hereby certify that the above service was performed. Benga. Logan County Lieutent.

[1]See Index, "Lincoln County Militia," for related documents.
[2]See Index, "Lincoln County, Guarding Frontiers of," for related documents.

Document 81 (4 May — 4 June 1782)

A payrole of Capt. John Boyle Comp of Lincln Melitia for performing atower of Duty at the falls of Ohio under the Command of Hugh Magary Maj. persuent to Colon. Bengeman Logan 1782.

	When Enterd	When Dischd	Number of day	Pay p day	£	S	D
John Boyle, Capt.	May 28th	June 18th	22		11	0	0
James Harlin Lieut.			22		6	19	4
Hugh Gilbreath Ens.			22		5	0	0
Jerimiah Brisko Sergt.			22	4 1/5	2		0
John Ward Sargt.			22	2/7-1/5	2		0
James Bently	May 28		22	1/4	1	9	4
James Philips	Do		22	1/4	1	9	4
James Durrot				1/4	1	9	4

	When Enterd	When Dischd	Number of day	Pay p day	£	S	D
George White				1/4	1	9	4
Charles Belew			22	1/4	1	9	4
John Teelen			22	1/4	1	9	4
Isack Millen				1/4	1	9	4
Barnabas Boyle					1	9	4
William Niblick					1	9	4
Peter Higins					1	9	4
William Boyde					1	9	4
John Slack					1	9	4
Abraham Yager					1	9	4
Thomas Brinto					1	9	4
James Harveson					1	9	4
Mager Evens					1	9	4
John Boyle					1	9	4
Roly McKinsey					1	9	4
John Rushouer					1	9	4
Thomas Wilson					1	9	4
Sephen Arnald					1	9	4
Ezekael Kanady					1	9	4
Eligah Harband					1	9	4
John Marshel					1	9	4
William Lee					1	9	4
George Harlin					1	9	4
John McKiney					1	9	4
Christepher Coons					1	9	4
Nethanel Evens					1	9	4
Daniel Hole					1	9	4
Samuel Simon					1	9	4
William Adams					1	9	4
Thomas Guess					1	9	4
George Leeper					1	9	4
John Burton					1	9	4
William Manvany					1	9	4
William McMurtery					1	9	4
James Harrod					1	9	4
Corneles Bogert					1	9	4
Abraham Keeler					1	9	4
James Forker					1	9	4
John McCumsey					1	9	4
Jesse Yocum					1	9	4
William Hays					1	9	4
James Hays					1	9	4
John Foris					1	9	4
				Amt.	£95	6	8

[1]See Index, "Falls, duty at," for related documents.
[2]See Index, "Lincoln County Militia," for related documents.

Document 111 (31 May — 22 June 1782)

Captain Aquilla Whitaker lost nine men in pursuing the Indians.

Pay Roll of a detachment of Jefferson County Militia under the Command of Aquilla Whitaker Cap. ordered on command by John Floyd County Lieutenant — from the 31st of May 1782 to the 22d of June following.

Mens Names	When Enterd	When Dischard	Days in Service	What per day			
James Currey	Do	Do	32		2	2	8
George McAfee	Do	Do	32		2	2	8
Richard Sinnet	Do	Do	32		2	2	8
Samuel Hinds	Do	Do	32		2	2	8
James McCoun	Do	Do	32		2	2	8
John Arnold	Do	Do	32		2	2	8
James Hinds	Do	Do	32		2	2	8
Daniel Hole	Do	Do	32		2	2	8
John Ward	Do	Do	32		2	2	8
Robert Mcafee	Do	Do	32		2	2	8
Philip Panter	Do	Do	32		2	2	8
Zacharia Askey	Do	Do	32		2	2	8
Joshua Baslor	Do	Do	32		2	2	8
Henrey Quark	Do	Do	32		2	2	8
Jacob Cozman	Do	Do	32		2	2	8
Robert Bayley	Do	Do	32		2	2	8
Benjaman Pellon	Do	Do	32		2	2	8
Jed Jonston	Do	Do	32		2	2	8
Samuel Wilson	Do	Do	32		2	2	8
James Deacon	Do	Do	32		2	2	8
Egnatious Combs	Do	Do	32		2	2	8
Enock Combs	Do	Do	32		2	2	8
James Seduskey	Do	Do	32		2	2	8
Joseph Waford	Do	Do	32		2	2	8
George Welch	Do	Do	32		2	2	8
James Mays	Do	Do	32		2	2	8
John Wilson	Do	Do	32		2	2	8
				£89.10.8			

Lincoln December 21st 1782 This Day Capt. Samuel McAfee provd on oath that the above pay role is just before me John Cowan
I do certify the above service was performed Benj Logan CL

[1]See Document 93 (19 October 1782) for explanatory note.
[2]See Index, "Expedition Against the Shawnee, 1782," for related documents.
[3]See Index, "Lincoln County Militia," for related documents.

Document 86 (22 October — 13 November 1782)

A Pay Roll for Capt. Gabriel Madison's Company of Melitia Drawn into Actual Service on an Expedition against the Indians under the Command of B.G. Geo. R. Clark.

	When Entered	When Dischargd.	Days in Service	Pay p day	£	S	D
Gabriel Madison Cap	22 Octr.	3d. Novr.	13	6/4	4	2	4
Thomas Morsa	1782	1782	13				
Robert Bowman Lieut			13	5/	3	5	
Anthony Sindusky Ensn.			13	2/	2	6	
Nathan Allen Serjt			13	2/	2	6	
Elisha Prewitt do			13	1/4		17	4
Thomas Springer				1/4		17	4
Peter Polly						17	4
Henry Thomas						17	4

MISSING
P9
180

Names	Rank	Commencing	Ending	Pay P day days in Service		Ammount in £	S	D	
Samuel Martin [2]		do Serg	do	36	7 1/5	2	17	7 1/5	
John Esyoiot 1/4	QM	do	do	36	7 1/5	2	17	7 1/5	
Samuel Watkins	Sergt	do	do	36	1/4	2	8		
Joseph Fleming	do	do	do	36	1/4	2	8		
Thomas Peasley	do	do	do	36		2	8		
James Anderson	do	do	do	36		2	8		
Jediah Ashcraft	Private	do	do	36		2	8		
Peter Cunniman	do	do	do	36		2	8		
Roger Bosten	do	do	do	36		2	8		
Abraham Jonas	do	do	do	36		2	8		
Charles Kennady	do	do	do	36		2	8		
Conrod Custer	do	do	do	36		2	8		
Joseph Collord	do	do	do	36		2	8		
James Johnson	do	do	do	36		2	8		was wounded the 19th day an not yet recovd
Joseph Hunter	do	do	do	36		2	8		
George Jones	do	do	do	36		2	8		
James Peasley	do	do	do	36		2	8		
James Ballard	do	do	do	36		2	8		
Emos Goodwin	do	do	do	36		2	8		
John Abbel	do	do	do	36		2	8		
Richard Gregory	do	do	do	36		2	8		
Andrew Gregory	do	do	do	36		2	8		
Benjamin Taylor	do	do	do	36		2	8		
Jacob Hubbs	do	do	do	36		2	8		
						£78	10	6 2/5	
					Am	80.	12.	0	

Andrew Hynes Personally appeared before me James Francis Moore oath that the within Pay Roll is a true State of th detachment under His command without fraud to the Common Wealth or any Individual To the Best of his Knowledge

J F Moore

February 10th 1783

I certify that the within Service was Performe

J. Floyd Co Lieut

[1]See Document 93 (19 October 1782) for explanatory note.
[2]See Index, "Expedition Against the Shawnee, 1782," for related documents.
[3]See Index, "Jefferson County Militia," for related documents.

Document 80 (4 November — 23 November 1782)

A Pay Roll for Capt. Thomas Moores Company of Militia Drawn into Actual Service on an Expedition against the Indian under the Command of B.G. Geo. R. Clark 1782

	When entered	When Dischargd	Days in Service	Pay p day	£	S	I
Thomas Moore Capt					6	6	
Robert Bowman Lieut					5	0	
Anthony Sindusky Ens.	4d Novr. 1782	23d. Novr. 1782	20	2/	2	0	

	When entered	When Dischargd	Days in Service	Pay p day	£	S	D
Nathan Allen Sergt.			20	2/	2	6	0
Elisha Prewett privates			20	1/4	1	6	8
ohn Springer			20	1/4	1	6	8
Peter Polly			20	1/4	1	6	8
Henry Thomas			20		1	6	8
ames Cox					1	6	8
acob Kelly					1	6	8
ohn Silver					1	6	8
saac Pretchard					1	6	8
ohn Slack					1	6	8
ohn Kelly					1	6	8
ohn Isaacks					1	6	8
eubin Blackford					1	6	8
ames Wright					1	6	8
eorge Hupp					1	6	8
ames Whiticottin					1	6	8
acob Sice					1	6	8
enjamin Berry					1	6	8
illiam Morrow					1	6	8
homas Darnold					1	6	8
oseph Akers					1	6	8
oseph Love					1	6	8
illiam Griffin					1	6	8
ohn Martiate					1	6	8
oseph Collens					1	6	8
ynick McCraken					1	6	8
llen Howard					1	6	8
ohn Cowing					1	6	8
					£50.	6.	8

incoln S. Thomas Moore Made Oath before me that the above pay Roll was Just.
E Madsion

ee Document 93 (19 October 1782) for explanatory note.
ee Index, "Expedition Against the Shawnee, 1782," for related documents.

Document 108 (5 November — 24 November 1782)

Pay Roll of Captn. Laurence Thompsons Company of Lincoln Militia State of Virga. in actual Service on an Expedition ainst the Shawney Indians under the Command of George Rogers Clark Brigadier General

ens Names	Whn. entd.		Whn. Dischd.	in Service Number of days		pr day	£	S	D
	1782								
urence Thompson Cpt.	Nov.	5	Novr. 24	in Service	20	6/4	6	6	8
hn South Lieut.		5	Do	in Service	20	5/	5	0	0
mes McMillain Ens.		5	Do		20	2/7-1/5	2	10	0
nbrous Coffee Sergt.		5	24	Do	20	1/7-1/5	2	10	0
dson Tharpe Do.		dito	24	Do	20	1/4	1	6	8
lward Williams		Do	24	Do	20	1/4	1	6	8
cholas Anderson		Do	24	Do	20		1	6	8
lliam Fletcher		Do	24	Do	20		1	6	8

Mens Names	Whn. entd.	Whn. Dischd.	in Service Number of days	pr day	£	S
Rolley Crouch	Do	24	Do	20	1	6
Nicholas George	Do	24	Do	20	1	6
Whitron George	Do	24	Do	20	1	6
Tyre Hodges	Do	24	Do	20	1	6
Mathew Horn	5	24	Do	20	1	6
Nathl. Bullock	5	24	Do	20	1	6
Thomas Oden	5	24	Do	20	1	6
Spencor Reed	Do	24	Do	20	1	6
Thos. Sullophen	Do	24	Do	20	1	6
Joseph George	Do	24	Do	20	1	6
Samuel South	Do	24	Do	20	1	6
David Crews	Do	24	Do	20	1	6
John Terree	Do	24	Do	20	1	6
Charles Belew	Do	24	Do	20	1	6
David Portwood	Do	24	Do	20	1	6
John Watts	Do	24	Do	20	1	6
Enous Terree	Do	24	Do	20	1	6

[1]See Document 93 (19 October 1782) for explanatory note.
[2]See Index, "Expedition Against the Shawnee, 1782," for related documents.
[3]See Index, "Lincoln County Militia," for related documents.

AUTHENTIC LIST OF ALL LAND LOTTERY GRANTS MADE TO VETERANS OF THE REVOLUTIONARY WAR BY THE STATE OF GEORGIA

Taken From Official State Records
in the Surveyor-General Department
Housed in the
GEORGIA DEPARTMENT OF ARCHIVES AND HISTORY
Atlanta, Georgia 30334

Compiled By
ALEX M. HITZ
Former Officer in Charge
Surveyor-General Department

By Authority Of
BEN W. FORTSON, JR.,
Secretary of State of Georgia
Atlanta

Second Edition 1966

REVOLUTIONARY VETERAN	RESIDENCE	LOTTERY	FORTUNATE DRAW				GRANTED
Shirling, Isom Sr.	Putnam	1827	40	21		Muscogee	9/10/1827
Shockley, Jonathon	Monroe	1832	151	10	1	Cherokee	12/19/1837
Shuffield, John	Pulloch	1827	200	7		Troup	4/13/1832
Shuffield(Sheffield),William	Hancock	1827	197	12		Lee	12/12/1833
Shuffield, William Sr.	Pulaski	1827	212	18		Lee	7/26/1831
Siddall, Stephen	Franklin	1827	146	6		Troup	12/20/1827
Simmons, John Sr.	Pike	1827	68	23		Lee	5/14/1829
Simmons, Richard	Gwinnett	1832	290	6	1	Cherokee	Reverted
Simmons, Thomas	Ware	1832	15	25	3	Cherokee	7/ 1/1843
Simmons, William	Jones	1827	57	9		Lee	4/20/1843
Simms (Sims), Robert	Clarke	1820	105	2		Irwin	Reverted
		1827	24	7		Coweta	12/12/1834
Simpson, Jacob	Twiggs	1820	129	10		Hall	12/17/1827
Simpson, John Sr.	Twiggs	1820	194	16		Early	10/25/1839
Sims, Jemmy	Oglethorpe	1827	237	31		Lee	12/ 3/1842
Sisson, John	Jackson	1832	197	11	4	Cherokee	4/12/1837
Sitton, John	Habersham	1832	175	28	3	Cherokee	7/ 1/1843
Skelton, Robert	Franklin	1820	191	6		Gwinnett	12/ 9/1822
Skinner, Uriah	Burke	1832	286	24	3	Cherokee	6/22/1843
Slack, John Sr.	Wilkes	1827	62	9		Lee	9/22/1832
Slatin (Staten), George	Jackson	1832	221	17	1	Cherokee	11/15/1837
Slay, Thomas	DeKalb	1832	117	27	2	Cherokee	Reverted
Slocumb, John C.	Jones	1827	4	2		Lee	5/ 7/1833
			123	3		Troup	7/23/1831
Smally, Michael Sr.	Columbia	1827	281	6		Lee	12/17/1835
Smar, Peril	Richmond	1832	231	17	1	Cherokee	12/31/1832
Smether, Gabriel	Elbert	1827	88	7		Muscogee	10/ 1/1844
Smith, Abner	Jasper	1827	141	5		Carroll	12/24/1838
Smith, Benjamin	Coweta	1832	346	23	3	Cherokee	11/ 8/1834
Smith, Colsby	Washington	1832	199	25	2	Cherokee	12/12/1837
Smith, David Sr.	Jackson	1820	171	2		Appling	1/19/1825
			14	3		Rabun	5/ 6/1836
Smith, David	Burke	1832	133	9	1	Cherokee	12/14/1838
Smith, Ezekiel	Laurens	1827	99	14		Carroll	12/ 8/1827
Smith, Ezekiel	Richmond	1827	146	1		Lee	8/ 4/1828