STAVID DE CATA DE DENTA CERTIFICATION OF VITAL RECORD

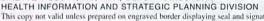
STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

Dept. of Public Health F. No. 15	ORNIA STATE BOARD OF HEALTH
PLACE OF LEATH	BUREAU OF VITAL STATISTICS 1 1 1 470
CITY AND COUNTY 7-031739	
	ORIGINAL CERTIFICATE OF DEATH State Index No.
SAN FRANCISCO	LOCAL REGISTERED NO. 0.184
(No. 3354, Clay 57	(If death occurred in a Horpital or Institution, give its NAME instead of street and number.)
Ill death occurs away from USUAL RESIDENCE, give facts called for unfer "Special Information."]	hu Laurence Dierney
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL DESTIFICATE OF DEATH
LENGTH OF RESIDENCE	DATA OF ORATH
At Place of Death 7 years months	(Monthly (Yegh)
111111111111111111111111111111111111111	(Sion Cally)
In California years, years, worth	I HEREBY CERTIFY that I attended deceased from
SEX COLOR	1007 6 ale 2/2 1909
male OR RACE Thate	that I last sow live on Dec sa 1962;
DATE OF BIRTH	
20 186	
(Day) (Medic	The Cause of Death was as follows:
AGE /	O TIVI G
42 1.11 Capper du	a comones of Stomach
SINGLE, MARRIED,	1000
WIDOWED, OR DIVORCED THE WITHER	(duration) - days.
091	Contributory
BIRTHPLACE CHOW STOOKS	(duration) days.
(State or Country)	(Signed) Jallinge M.D.
occupation Come more A	Ala 200 1000 was starmades &
	, 1907. (Address) 02.3 O Call Calls
FATHER COMMENT TO THE STATE OF	SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSCENTS,
golfales restrey	Former or How long at
OF FATHER THE CANAL	Usual Residence Days
OF FATHER Claimed (State of Country)	Where was disease contracted, if not at place of death?
MAIDEN NAME	PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL
OF MOTHER May Sproul	Color Hee Boiley
BIRTHPLACE	curry travel part, 190 f.
OF MOTHER (Male or Country)	UNDERTAKER TENT CO ALL
THE ABOVE STATED PERSUNAL PARTICULARS ARE TRUE TO T	ME
BEST OF MY KNOWLEDGE AND BELIEF	FILED
	. 190
(INFORMANY) Jewill Irened	FILED Subregistrar.
3354 BO N	DEC 22 190790 HERBERT GUNN, M. D.
(ADDATES)	Registers or Deputs
	Argument of Linguistics

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records. MARK B HORTON, MD, MSPH, Director and State Registrar of Vital Records DATE ISSUED





This copy not valid unless prepared on engraved border displaying seal and signature of the Deputy Director. $\mathcal{I}_{\mathcal{U}_{n_0}}$