

COUNTY OF SAN JOAQUIN

STOCKTON, CALIFORNIA

Form 5

1 PLACE OF DEATH
COUNTY OF SAN JOAQUIN

California State Board of Health

State Index No.

BUREAU OF VITAL STATISTICS

Town of

DUPLICATE CERTIFICATE OF DEATH

Local Registered No. 425

or

City of Stockton (No. Stockton State Hospital) (Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 18.]

2 Full Name Mrs. Sadie F. Walker.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

16 DATE OF DEATH December 3 1913 (Month) (Day) (Year)

6 DATE OF BIRTH (Month) (Day) (Year) 1871

17 I HEREBY CERTIFY, that I attended deceased from Jan 7, 1911, to Dec 3, 1913,

7 AGE 42 yrs. mos. ds. If less than 1 day hrs. or min.

that I saw her alive on December 3, 1913, and that death occurred on the date stated above at 6 P. M.

8 OCCUPATION (a) Trade, Profession or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH* was as follows: Chronic nephritis.

9 BIRTHPLACE (State or Country) New Jersey

(Duration) (yrs. mos. ds.)

10 NAME OF FATHER

CONTRIBUTORY (Secondary) not Asthenic deformity 23 m duration

11 BIRTHPLACE OF FATHER (State or Country)

(Duration) (yrs. mos. ds.)

12 MAIDEN NAME OF MOTHER

(Signed) M. H. Beebe M. D. Dec. 3, 1913 (Address) Stockton State Hosp.

13 BIRTHPLACE OF MOTHER (State or Country)

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13a LENGTH OF RESIDENCE At Place of Death 2 years 11 months In California 33 years months

18 SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS Former or Usual Residence How Long at Place of Death 2 yrs. 10 mos. 26 days

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Hospital records (Address) Stockton State Hospital

Where was disease contracted, If not at place of death? 19 PLACE OF BURIAL OR REMOVAL Hospital cemetery DATE OF BURIAL Dec. 5, 1913

15 Filed Dec. 6 1913 Fred Garstenberg Subregistrar Filed JAN 2 1914 Hudson County Reg. or Deputy

20 UNDERTAKER R. N. Newlett ADDRESS Stockton State Hosp.



STATE OF CALIFORNIA COUNTY OF SAN JOAQUIN

CERTIFIED COPY OF VITAL RECORDS SS DATE ISSUED APR 19 2012



This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Joaquin County Recorder.

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Kenneth W. Blakemore, Recorder SAN JOAQUIN COUNTY, CALIFORNIA