## STATE OF CALLFORNIA CERTIFICATION OF VITAL RECORD

## COUNTY OF SAN JOAQUIN STOCKTON, CALIFORNIA

/¹PLACE OF DEAT	the be inserted as Regi	eres) Qal		Board of He		State Index 1	Vo.		
						Local Registe		1/1	
or Rural Registration District. Sa		(NRO	ugh & Re	ady Isla -G. Walke	and_St.;		ard) losp	if death occurred in a ital or institution, give NAME instead of street number and fill out 18a and 18b.	
PERSONAL	MEDICAL CERTIFICATE OF DEATH								
* SEX + COL	EX COLOR OR BACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)				18 DATE OF DEATH				
Female	torin 1 4 0	arried	ite the word)		Dec		1 -	1922	
As If married, widowed, or divided HUSBAND of (or) WIFE of				Aug_ (	1110	195		ed deceased from	
* DATE OF PIRTH				Aug	11/1/2	19 25 to_I	Dec }	11/1/1922	
TAGE	Months	(liay)	(Year)	that I last sa	wher	alive on	ec 1	1922	
19	_yearsmonti	nsdays	i day, Airs.	and that dear				ove at 9 P.m.	
OCCUPATION     (a) Trade, profession, or particular kind of work (b) General nature of indus business, or establishment i which employer (or employer (c) Name of employer  BIRTHPLACE	stry.	0183	Mur TI	Cancer	of the	) Vterus	and me	ore	
(State or country city or town)	Washingt	ZAID		Contributory		(Duration)		monthsdays	
	George Hi	ller		1172)17	V	(Duration)	years	monthsdays	
State or country	THER (city or town)	o not k	pow3	if not at place					
a of Mother	Jennie	Moran		Did as operation	n precede death!	NO_Date of_			
12 BIRTHPLACE OF MOTHER (city of towns do not know				Was there an autopsy?DQ					
(State or country)  18th LENGTH OF RESIDENCE				What test confirmed diagnosis?					
At Place of Death days (Primary registration distribu) wears months days (if nonresident, give dity or town and state)				(Signer), E. L. Blackmun M. D.					
(if nonresident, give oftylor fown and state)				DCC 2 19 22 (Address) Stockton Celif- State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, style (1) MEANS (IF INJURY; and (2) whether (probably) ACCIDENTAL, SUI-CIDAL, or HOMICIDAL, (See reverse side for additional space.)					
How long in U.S., if of foreign birth?					EASE CAUSIN	O DEATH, or, I	in deaths from er (probably)	ACCIDENTAL, SUI-	
14 THE ABOVE IS TRUE TO	PLACE OF BUR	IAL OR REMOV	AL SIGN TOP .	DATE OF	SURIAL .				
(Informant) Robert	t O. Mora	dy Isla	nd )		Cemet	ery	Dec	5-19.2210	
Filed.	& STATE	JUST	MAY	2 UNDERTAKEN	0 0 0	la 7 d		LICENSE Ne.	
Filed 12-5	1022	Thomas	Sublegistrate	De Yox	tockt			1317	
	W. 1. W. 1						10 A C		



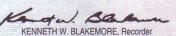
CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SAN JOAQUIN

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

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.

DATE ISSUED APR 1 9 2012 \* I 0 0 0 0 9 6 3 2



SAN JOAQUIN COUNTY, CALIFORNIA

