

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN JOAQUIN

STOCKTON, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH  
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

3900-0745-  
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1a. NAME OF DECEASED—FIRST NAME		1b. MIDDLE NAME	
CLEVELAND		KING	
1c. LAST NAME		2a. DATE OF DEATH—MONTH DAY, YEAR	
WALKER		APRIL 2, 1975	
2b. HOUR		6:40 a.	
3. SEX		4. COLOR OR RACE	
MALE		CAUC.	
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		6. DATE OF BIRTH	
CALIFORNIA		JUNE 12, 1887	
7. AGE (LAST BIRTHDAY)		IF UNDER 1 YEAR	
87 YEARS		IF UNDER 24 HOURS	
8. NAME AND BIRTHPLACE OF FATHER		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	
WILLIAM WALKER - TENN.		MARY DOLAN - IRELAND	
10. CITIZEN OF WHAT COUNTRY		11. SOCIAL SECURITY NUMBER	
U.S.A.		555-05-4359A	
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	
WIDOWED			
14. LAST OCCUPATION		15. NUMBER OF YEARS IN THIS OCCUPATION	
SECURITY OFFICER		2	
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)		17. KIND OF INDUSTRY OR BUSINESS	
POLLOCK SHIPYARDS		SHIPPING	
18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY		18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	
PLYMOUTH SQUARE		1319 N. MADISON	
18c. INSIDE-CITY CORPORATE LIMITS (SPECIFY YES OR NO)		18d. CITY OR TOWN	
YES		STOCKTON	
18e. COUNTY		18f. LENGTH OF STAY IN COUNTY OF DEATH	
SAN JOAQUIN		LIFE YEARS	
18g. LENGTH OF STAY IN CALIFORNIA		LIFE YEARS	
19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	
501 N. CALIFORNIA ST.		YES	
19c. CITY OR TOWN		19d. COUNTY	
STOCKTON		SAN JOAQUIN	
19e. STATE		20. NAME AND MAILING ADDRESS OF INFORMANT	
CALIFORNIA		DOUG WILSON - ATTORNEY BANK OF AMERICA BLDG. STOCKTON, CALIFORNIA	
21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD OFF THE REMAINS OF DECEASED AS REQUIRED BY LAW AND INVESTIGATION		21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM [ ] TO [ ] AND [ ]	
Investigation		M. Campbell, M.D. 4/2/75	
21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE		21d. DATE SIGNED	
M. Campbell, M.D.		4/2/75	
21e. ADDRESS OF PHYSICIAN OR CORONER (CITY AND STATE)		21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER	
Court House, Stockton, Ca.		A22667	
22a. SPECIFY BURIAL, ENTOMBMENT OR CREATION		22b. DATE	
ENTOMBMENT		4/7/75	
23. NAME OF CEMETERY OR CREMATORY		24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER	
PARK VIEW MAUSOLEUM		John O. Schulz 60484	
25. NAME OF FUNERAL DIRECTOR (FOR PERSON ACTING AS SUCH)		26. IF NOT CERTIFIED BY CORONER, DID THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	
B. C. WALLACE & SON		YES	
27. LOCAL REGISTRAR—SIGNATURE		28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR	
Jack Williams		3-75	
29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)		ENTER ONLY ONE CAUSE, PER LINE FOR A, B, AND C	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.		DUE TO, OR AS A CONSEQUENCE OF	
ASGBVA		DUE TO, OR AS A CONSEQUENCE OF	
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.		31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY)	
		no	
32a. AUTOPSY (SPECIFY YES OR NO)		32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)	
yes		yes	
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)	
35. INJURY AT WORK (SPECIFY YES OR NO)		36a. DATE OF INJURY—MONTH DAY YEAR	
		36b. HOUR	
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19)	
		MILES	
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)	
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)			
STATE REGISTRAR			
A.		B.	
C.		D.	
E.		F.	

NOT A FINAL CERTIFICATE

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SAN JOAQUIN }

SS DATE ISSUED

APR 19 2012 \* 100009637 \*



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PBNC (Rev) 11/09

Kenneth W. Blakemore  
KENNETH W. BLAKEMORE, Recorder  
SAN JOAQUIN COUNTY, CALIFORNIA

