

COUNTY OF SAN JOAQUIN

STOCKTON, CALIFORNIA

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
VITAL STATISTICS

1. PLACE OF DEATH: DIST. NO. 3950  
COUNTY OF San Joaquin STANDARD CERTIFICATE OF DEATH LOCAL REGISTERED NO. 329  
CITY, TOWN OR RURAL DISTRICT Stockton STREET AND NO. Rt. 5, Box 56  
IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NO.

2. FULL NAME George F. Walker  
RESIDENCE: NO. Rt. 5, Box 56 ST. \_\_\_\_\_  
IF NON-RESIDENT, GIVE CITY OR TOWN, AND STATE

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD) married

6. DATE OF BIRTH November 3, 1870  
MONTH DAY YEAR

7. AGE 68 YR. 5 MO. 1 DAYS IF LESS THAN ONE DAY HRS. MIN.

8. TRADE, PROFESSION OR KIND OF WORK DONE AS SPINNER, SAWYER, BOOKKEEPER, ETC. bridge tender

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILKMILL, SAWMILL, BARK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MO. AND YR.) \_\_\_\_\_ 11. TOTAL YEARS SPENT IN THIS OCCUPATION \_\_\_\_\_

22. DATE OF DEATH April 4, 1939  
MONTH DAY YEAR

23. MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Aug. 24, 1938 TO 4-4-39 THAT I LAST SAW HIM ALIVE ON 4-4-39 AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF 10:30 P.M. M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS: Carcinoma floor of bladder

24. CORONER'S CERTIFICATE OF DEATH I HEREBY CERTIFY, THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD INQUEST, AUTOPSY OR INQUIRY THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO HIS DEATH ON THE DATE STATED ABOVE. DATE OF ONSET Don't know

2. BIRTHPLACE (CITY OR TOWN) Stockton STATE OR COUNTRY California

13. NAME William Walker 14. BIRTHPLACE (CITY OR TOWN) unknown STATE OR COUNTRY Tennessee

15. MAIDEN NAME Bridget Dolan 16. BIRTHPLACE (CITY OR TOWN) unknown STATE OR COUNTRY Ireland

17. LENGTH OF RESIDENCE A. CITY, TOWN OR RURAL DISTRICT OF DEATH Stockton YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DAYS \_\_\_\_\_ B. IN CALIFORNIA YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DAYS \_\_\_\_\_ C. IN U.S. IF OF FOREIGN BIRTH YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DAYS \_\_\_\_\_

18. INFORMANT (SIGNATURE) \_\_\_\_\_ ADDRESS Rt. 5, Box 56, Stockton

19. BURIAL, CREMATION OR REMOVAL? Burial PLACE San Joaquin Cemetery DATE 4/7/39

20. EMBALMER { LICENSE NO. 1217 SIGNATURE W.C. Futheruth FUNERAL DIRECTOR DeYoung Memorial Chapel ADDRESS Stockton

21. FILED 4/7/39 DATE \_\_\_\_\_ LOCAL REGISTRAR \_\_\_\_\_

25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING: ACCIDENT, SUICIDE OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_ INJURED AT \_\_\_\_\_ CITY OR TOWN OF \_\_\_\_\_ COUNTY AND STATE OF \_\_\_\_\_ DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE? \_\_\_\_\_ MANNER OF INJURY \_\_\_\_\_ NATURE OF INJURY \_\_\_\_\_

26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY \_\_\_\_\_

27. SIGNATURE W.D. McClure M. D. PHYSICIAN, AUTOPSY SURGEON ADDRESS 242 N. Sutter St., Stockton, California

28. WHEN REQUIRED BY LAW \_\_\_\_\_ CORONER COUNTY OF \_\_\_\_\_

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED **APR 19 2012** \*100009634\*

COUNTY OF SAN JOAQUIN

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

