

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE FILE NUMBER: [] USE BLACK INK OR TYPE IN CAPITAL LETTERS

1. NAME OF DECEASED: []

2. SEX: []

3. DATE OF BIRTH: 12/31/1926

4. PLACE OF BIRTH: []

5. RACE: White

6. OCCUPATION: []

7. USUAL RESIDENCE: 9606 Hamilton St., []

8. MARRIAGE INFORMATION: []

9. FUNERAL DIRECTOR AND LOGICAL BURIAL PLACE: []

10. PLACE OF DEATH: 5000 San Bernardino St., []

11. CAUSE OF DEATH: []

12. OTHER IMPORTANT INFORMATION: []

13. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE []

14. I CERTIFY THAT AT THE TIME OF DEATH []

15. CORONER'S USE ONLY: []

16. STATE REGISTRAR: []

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

DATE ISSUED: []

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

THOMAS J. FRENDEGAST, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Amos J. Harte
96 DEC 10 AM 11:59

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 9.00

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