	0GT 9 5 196		_	BUREAU OF V	BOARD OF HEALTH	Do not use this space.	
2	PLACE OF DEATH County NOT Township W8-1-1 City Califor	rnia	iet Tra	····· • • ·	let No	3 () 1.4 ()  Pile No	
Ler	(a) Besidence, No (Usual place o agth of residence in cit			yrs. mos.	(II non	resident, give city or town and Statelegn birth? yrs. mes.	te) ds.
	PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTI	FICATE OF DEATH	
3. SEX	fama 1	OR OR RACE	5. SINGLE, MARRI DIVORCED (Wr Siin)		21. DATE OF DEATH (MONTH, DAY, AND	YEAR) 2 - / 8  IFY, That I attended decease	. 19 (K. 19 .
	SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				I last saw har alive on 9	3 m 9 - 17 -	, 19.7.
7. AGE	E OF BIRTH (MONTH) YEARS LL1115	DAY, AND YEAR) MONTHS	not l	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at		
0 TA 9 10 10 12 Bit	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc  10. Date deceased last worked at this occupation (month and year) spent in this occupation.  12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				Arterio sel	Esosio Ice:	
<u> </u>	E I I NAME dontknow				Zina	5	
'에 되는	14. BIRTHPLACE (CITY OR TOWN)				Name of operation	Date of Was there an autopsy?	
17. INF	IS BIRTHPLACE (CITY OR TOWN)				23. If death was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide?		
18, BU							

**SE**C 3.1946.

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