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Do not use this space.

1. PLACE OF DEATH

(a) County Monterey Registration District No. 537
(b) Township Holston Primary Registration District No. 4335 Registered No. _____
(c) City California (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. 10 How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>		4. COLOR OR RACE <i>W</i>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>J. D. Edwards</i>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Apr 8 - 1864</i>					
7. AGE <i>74</i>		YEARS <i>6</i>		MONTHS <i>7</i>	
		DAYS		If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Housewife</i>				
	9. Industry or business in which work was done, as saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

FATHER 13. NAME James Alexander
14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Don't know

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Dartmouth

**17. INFORMANT
(ADDRESS)**

18. BURIAL, CREMATION, OR REMOVAL
PLACE City of New York DATE 10/17, 1993

19. FUNERAL DIRECTOR (NAME)
(ADDRESS)

20. FILED 10-17-1988 A.P. Popejay

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15-, 1938

22. I HEREBY CERTIFY, That I attended deceased from
9-6-, 1938, to 10-15-, 1938

I last saw her alive on 10-15-, 1938. Death is said
to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

Person 17 Date of onset

Urethrona 7

The River

Caise Hutton

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Other contributory causes of importance: 70

Photostat

[Handwritten signature]

The Fall Reader

Name of operation W. Long Date of

What test confirmed diagnosis? Clinical Was there an autopsy?.....

22. If death was due to external cause (violence), fill in also the following:

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? — Date of injury: — 19 —

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

(S)

Manner of injury.....

Nature of injury 710

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify RP Data

(Signed) _____, M. D.

5a1 (Address) California mo

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *Me*

....., Registered Apprentice No.
working under my personal supervision.

Signed *H E McIlhenny*

Licensed Embalmer No. *3537*

P. O. Address *California MD*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.