

CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

71-031786

CERTIFICATE OF DEATH

6015

1747

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME <b>KATHERINE</b>		1b. MIDDLE NAME <b>I.</b>		1c. LAST NAME <b>STEWART</b>		2a. DATE OF DEATH—MONTH DAY YEAR <b>3-17-71</b>		2b. HOUR <b>5:25 P.</b>		
	3. SEX <b>FEMALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>SCOTLAND</b>		6. DATE OF BIRTH <b>MAY 19, 1887</b>		7. AGE (LAST BIRTHDAY) <b>83</b>	IF UNDER 1 YEAR	IF UNDER 24 HOURS		
	8. NAME AND BIRTHPLACE OF FATHER <b>WILLIAM Hunter, SCOTLAND</b>					9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>MARY BELL, SCOTLAND</b>					
	10. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		11. SOCIAL SECURITY NUMBER <b>560-60-0100A</b>		12. MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) <b>WIDOWED</b>		13. NAME OF SURVIVING SPOUSE (IF WILL ENTER MAIDEN NAME) <b>- - -</b>				
	14. LAST OCCUPATION <b>ANTIQUE STORE</b>		15. NUMBER OF YEARS IN THIS OCCUPATION <b>25</b>	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED) <b>SELF EMPLOYED</b>		17. KIND OF INDUSTRY OR BUSINESS <b>ANTIQUE</b>					
	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY <b>Hillhaven Convalescent Hospital</b>						18b. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>30th &amp; Webster Sts.</b>			18c. INSIDE CITY CORPORATE LIMITS (YES OR NO) <b>YES</b>	
PLACE OF DEATH	18d. CITY OR TOWN <b>Oakland</b>				18e. COUNTY <b>Alameda</b>		18f. YEARS <b>29</b>	18g. YEARS <b>29</b>			
	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>201 - E 12th STREET, APT. #309</b>					19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>YES</b>		20. NAME AND MAILING ADDRESS OF INFORMANT <b>JEAN W. WATSON</b>			
	19c. CITY OR TOWN <b>OAKLAND</b>		19d. COUNTY <b>ALAMEDA</b>		19e. STATE <b>CALIFORNIA</b>		201 E. 12th ST. OAKLAND				
USUAL RESIDENCE DEATH OCCURRED IN INSTITUTION ENTER DATE BEFORE ADMISSION	21a. CORONER (SPECIFY IF THE DEATH OCCURRED AT THE HOME OF THE DECEASED) <b>investigation</b>		21b. PHYSICIAN (SPECIFY IF THE DEATH OCCURRED AT THE HOME OF THE DECEASED) <b>in - investigation</b>		21c. PHYSICIAN OR CORONER (NAME AND ADDRESS) <b>J. W. Miller, Coroner 480-4th STREET, OAKLAND</b>		21d. DATE SIGNED <b>3-18-71</b>				
	22a. SPECIFY BURIAL ENTOMBMENT OR CREMATION <b>CREMATION</b>		22b. DATE <b>3/18/71</b>	23. NAME OF CEMETERY OR CREMATORY <b>CHAPEL OF THE CHIMES</b>		24. EMBALMER (SIGNATURE OF EMBALMER) (LICENSE NUMBER) <b>NOT EMBALMED</b>					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>GRANT MILLER MORTUARIES</b>			26. LOCAL REGISTRAR (YES OR NO) <b>YES</b>	27. LOCAL REGISTRAR (SIGNATURE) <b>James C. ...</b>		28. DATE <b>MAR 18 1971</b>				
	29. PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) <b>Arteriosclerotic heart disease</b> IMMEDIATE CAUSE (A) DUE TO OR AS A CONSEQUENCE OF (B) CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST (C)										
30. PART II OTHER SIGNIFICANT CONDITIONS—(CONTINUED FROM DEATH CERTIFICATE FILED IN THE BUREAU OF VITAL RECORDS) <b>no</b>											
INJURY INFORMATION	33. SPECIFY ACCIDENT SUICIDE OR HOMICIDE		34. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		35. INJURY AT WORK	36a. DATE OF INJURY		36b. HOUR			
	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				37b. ...	38. ...		39. ...			
	40. DESCRIBE HOW INJURY OCCURRED (ENTER IN FULL SENTENCES AND INCLUDE ALL RELEVANT FACTS) <b>no</b>										
STATE REGISTRAR	A	B	C	D	E	F					

514449

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

*Patricia O'Connell*  
PATRICIA O'CONNELL  
ALAMEDA COUNTY RECORDER

DATE ISSUED **FEB 22 1996**

This copy is not valid unless prepared on an engraved border, displaying the date and signature of the Recorder

