

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 KATHERINE		1b. MIDDLE NAME I.		1c. LAST NAME STEWART		2a. DATE OF DEATH—MONTH DAY YEAR 3-17-71		2b. HOUR 5:25 P.		
	3. SEX FEMALE	4. COLOR OR RACE WHITE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) SCOTLAND		6. DATE OF BIRTH MAY 19, 1887		7. AGE (LAST BIRTHDAY) 83	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS HOURS		
	8. NAME AND BIRTHPLACE OF FATHER WILLIAM Hunter, SCOTLAND					9. MAIDEN NAME AND BIRTHPLACE OF MOTHER MARY BELL, SCOTLAND					
	10. CITIZEN OF WHAT COUNTRY U.S.A.		11. SOCIAL SECURITY NUMBER 560-60-0100A		12. MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) WIDOWED		13. NAME OF SURVIVING SPOUSE (IF WILL ENTER MAIDEN NAME) - - -				
	14. LAST OCCUPATION ANTIQUE STORE		15. NUMBER OF YEARS IN THIS OCCUPATION 25	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED) SELF EMPLOYED		17. KIND OF INDUSTRY OR BUSINESS ANTIQUE					
	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY Hillhaven Convalescent Hospital										
PLACE OF DEATH	18b. STREET ADDRESS—STREET AND NUMBER OR LOCATION 30th & Webster Sts.					18c. COUNTY Alameda		18d. INSIDE CITY CORPORATE LIMITS (YES OR NO) YES		18e. YEARS 29	
	18f. CITY OR TOWN Oakland	18g. YEARS 29									
USUAL RESIDENCE DEATH OCCURRED IN INSTITUTION ENTER DATE BEFORE ADMISSION	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 201 - E 12th STREET, APT. #309					19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) YES		20. NAME AND MAILING ADDRESS OF INFORMANT JEAN W. WATSON			
	19c. CITY OR TOWN OAKLAND		19d. COUNTY ALAMEDA		19e. STATE CALIFORNIA		201 E. 12th ST. OAKLAND				
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. CORONER (SPECIFY IF BY DEATH INVESTIGATION OF THE DEATH OCCURRED AT THE PLACE OF DEATH AND THAT THE DECEASED WAS NOT A RESIDENT OF THE COUNTY OF ALAMEDA) investigation		21b. PHYSICIAN (SPECIFY IF BY DEATH INVESTIGATION OF THE DEATH OCCURRED AT THE PLACE OF DEATH AND THAT THE DECEASED WAS NOT A RESIDENT OF THE COUNTY OF ALAMEDA) W. W. Miller, Coroner		21c. PHYSICIAN OR CORONER (NAME AND ADDRESS) 480-4th STREET, OAKLAND		21d. DATE SIGNED 3-18-71				
	22a. SPECIFY BURIAL ENTOMBMENT OR CREMATION CREMATION		22b. DATE 3/18/71	23. NAME OF CEMETERY OR CREMATORY CHAPEL OF THE CHIMES		24. EMBALMER (SIGNATURE OF BODY EMPLOYER, LICENSE NUMBER) NOT EMBALMED					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) GRANT MILLER MORTUARIES		26. LOCAL REGISTRAR (YES OR NO) YES	27. LOCAL REGISTRAR (SIGNATURE) James C. ...		28. DATE MAR 18 1971					
	29. PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) Arteriosclerotic heart disease 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 BY THE REGISTRAR) no											
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 (YES OR NO)	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 CONCERNING THE INJURY)										
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

