

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

76-10388E

CERTIFICATE OF DEATH

0190-034206

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

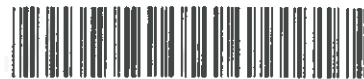
DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME Jean			1b. MIDDLE NAME		1c. LAST NAME Watson		2a. DATE OF DEATH—MONTH, DAY, YEAR July 27, 1976		2b. HOUR 10:55 P		
	3. SEX Female	4. COLOR OR RACE Cauc	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Scotland		6. DATE OF BIRTH May 4, 1891		7. AGE (LAST BIRTHDAY) 85		7. AGE (LAST BIRTHDAY) IF UNDER 1 YEAR		7. AGE (LAST BIRTHDAY) IF UNDER 1 YEAR	
	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 566-46-7393 A			12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		13. NAME OF SURVIVING SPOUSE (IF DECEASED, GIVE NAME)			
PLACE OF DEATH	14. LAST OCCUPATION Machine Operator			15. NUMBER OF YEARS IN THIS OCCUPATION 14		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE) Orbachs		17. KIND OF INDUSTRY OR BUSINESS Dept. Store				
	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY St. Vincent Medical Center				18b. STREET ADDRESS—STREET AND NUMBER OR LOCATION 626 S Alvarado				18c. HOME CITY CORPORATE LIMITS (SPECIFY YES OR NO)			
USUAL RESIDENCE IF DEATH OCCURRED IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 626 S Alvarado #647			19b. CITY OR TOWN Los Angeles		19c. COUNTY Los Angeles		19d. STATE California		20. NAME AND MAILING ADDRESS OF INFORMANT Ray Drury 4100 Manson Ave Powell River B C Canada		
	21a. CORONER—IMMEDIATE CERTIFY THAT CLAIM IS CORRECT AS TO THE DEED BY OF DECEASED AS INDICATED BY LAB			21b. PHYSICIAN—IMMEDIATE CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED ABOVE FROM THE CORONER'S REPORT AND THAT I ATTENDED THE DECEASED			21c. PHYSICIAN OF RECORD—SIGNATURE AND NUMBER IN TITLE Richard P. Prosser, M.D. CORONER			21d. DATE SIGNED AUG 2 - 1976		
	21e. SIGNATURE OF CORONER Richard P. Prosser			21f. SIGNATURE OF PHYSICIAN OF RECORD Richard P. Prosser			21g. SIGNATURE OF PHYSICIAN OF RECORD Richard P. Prosser			21h. SIGNATURE OF PHYSICIAN OF RECORD Richard P. Prosser		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22a. METHOD OF BURIAL, ENTHWEMENT OR CREMATION Cremation			22b. DATE 8-2-76		23. NAME OF CEMETERY OR CREMATORY Chapel of the Pines		24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER Ray Petrucci 4281				
	25. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Pierce Bros Los Angeles			26. THIS DEATH REPORTED TO CORONER (SPECIFY YES OR NO)		27. LOCAL REGISTRAR Richard P. Prosser		28. DATE SIGNED AUG 2 1976		29. SIGNATURE OF LOCAL REGISTRAR Richard P. Prosser		
MEDICAL AND HEALTH DATA	29. PART I: DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C											
	IMMEDIATE CAUSE (A) Arteriosclerotic Cardiovascular DISEASE											
	DUE TO, OR AS A CONSEQUENCE OF (B)											
	DUE TO, OR AS A CONSEQUENCE OF (C)											
INJURY INFORMATION	30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTINUING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I FRacture of LEFT HIP											
	31. MAJOR OPERATION OR SURGERY PERFORMED FOR OPERATION NUMBER NO											
	32. ANESTHESIA (SPECIFY YES OR NO) NO											
	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE ACCIDENT											
STATE REGISTRAR	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.) HOME			35. INJURY AT WORK (SPECIFY YES OR NO) NO		36. DATE OF INJURY—MONTH, DAY, YEAR 6-15-76		36b. HOUR ?		37. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 626 S. ALVARADO 19		
	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 626 S. ALVARADO 19			37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, IF IN		38. WERE THERE ANY OTHER FACTORS WHICH COULD BE RELATED TO THE INJURY (SPECIFY YES OR NO) NO		39. SIGNATURE OF REGISTRAR Michael L. Rodrian		40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29) FALL TO FLOOR		
	A. 1			B. X		C. 1		D. 1		E. 4124		F. 4-3-3-

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

Michael L. Rodrian
MICHAEL L. RODRIAN
STATE REGISTRAR OF VITAL RECORDS

06 OCT 17 1976 10:52

DATE ISSUED



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