

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. YEARS			
	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		20. YEARS	
	21a. CORONER—(I HEREBY CERTIFY THAT I AM A CORONER AS DEFINED BY THE CALIFORNIA HEALTH AND SAFETY CODE AND THAT I AM QUALIFIED BY THE BOARD OF HEALTH AS PROVIDED BY LAW TO EXAMINE AND REPORT ON DEATHS.) Indistinguishable		21b. PHYSICIAN—(I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOME OF THE DECEASED AND THAT I ATTENDED THE DECEASED FROM THE ONSET OF ILLNESS UNTIL DEATH.) Indistinguishable		21c. PHYSICIAN OF RECORD—(SIGNATURE AND FULL NAME AND TITLE) Indistinguishable		21d. PHYSICIAN OF RECORD—(ADDRESS AND CITY AND STATE) Indistinguishable		21e. DATE SIGNED AUG 2 - 1976		21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22a. METHOD OF BURIAL, ENTHOSEMENT 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 Indistinguishable		28. DATE SIGNED AUG 2 1976					
MEDICAL AND HEALTH DATA	29. PART I: DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C											
	CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A). STATING THE UNDERLYING CAUSE LAST		(A) IMMEDIATE CAUSE Arteriosclerotic Cardiovascular DISEASE		DUE TO, OR AS A CONSEQUENCE OF		(B)		DUE TO, OR AS A CONSEQUENCE OF		(C)	
	30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTINUING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I FRacture of LEFT HIP											
INJURY INFORMATION	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE Accident		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEWAY, HIGHWAY, STREET, OFFICE BUILDING, ETC.) HOME		35. INJURY AT WORK (SPECIFY YES OR NO) NO		36a. DATE OF INJURY—MONTH, DAY, YEAR 6-15-76		36b. HOUR ?			
	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 0 MILES		37c. WERE THERE ANY OTHER FACTORS WHICH CONTRIBUTED TO THE INJURY (SPECIFY YES OR NO) NO		38. WERE THERE ANY OTHER FACTORS WHICH CONTRIBUTED TO THE INJURY (SPECIFY YES OR NO) NO		39. WERE THERE ANY OTHER FACTORS WHICH CONTRIBUTED TO THE INJURY (SPECIFY YES OR NO) NO			
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)												
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												
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	4124		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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