28472

State of California
DEPARTMENT OF
PUBLIC HEALTH

This is to certify that this is a true copy of the document filed in this office.

UNLESS VALIDATED ON THE REVERSE, THIS CERTIFIED COPY IS ISSUED WITHOUT CHARGE FOR LIMITED USE UNDER AUTHORITY OF SECTIONS 8103-7R-8107 OF THE GOVERNMENT CODE.

LOUIS F. CATLIN, M.D., DIRECTOR
STATE DEPARTMENT OF PUBLIC HEALTH
AND STATE REGISTRAR OF VITAL STATISTICS

BY: Paul W. Shipley
PAUL W. SHIPLEY, CHIEF
BUREAU OF VITAL STATISTICS

DEC 24 1968

Book 7768 PAGE 21218

4750 W4206 1

REGISTRAR'S NUMBER

CERTIFICATE OF DEATH

STATE FILE NO. 51-034656

1a NAME OF DECEASED—FIRST NAME: MARY
1b MIDDLE NAME: ELIZABETH
1c LAST NAME: WALSH
2a DATE OF DEATH: April 19, 1951
2b HOUR: 3:45
3 SEX: Female
4 COLOR OR RACE: White
5 MARITAL STATUS: Married
6 DATE OF BIRTH: Jan. 6, 1876
7 AGE (Last birthday): 75 yrs.
8a USUAL OCCUPATION: Housewife
8b KIND OF BUSINESS OR INDUSTRY: At Home
9 BIRTHPLACE (State or country): Ireland
10 CITIZEN OF WHAT COUNTRY: USA
11 NAME OF FATHER: No Record
12 MAIDEN NAME OF MOTHER: No Record
13 NAME OF SPOUSE: Richard Walsh
14 WAS DECEASED EVER IN U. S. ARMED FORCES?: No
15 SOCIAL SECURITY NUMBER: ----------
16 INFORMANT: Mrs. Merit E. Smith
17a PLACE OF DEATH: Tulelake, Calif. (Rural)
17b LENGTH OF STAY: (?)
17c COUNTY: Siskiyou
17d FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION: Residence-Tulelake, Calif. (Rural)
18a STREET ADDRESS: Tulelake, California
18b CITY OR TOWN: Tulelake, California
18c COUNTY: Siskiyou
18d STATE: Californ:a
19 THIS DOES NOT MEAN THE BODY OF SYMPTOMS SUCH AS HEART FAILURE, ASTHENIA, ETC. PLEASE GIVE THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH
20 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Senile cerebral & cardiac thrombosis
ANTECEDENT CAUSES
21 AUTOPSY: ☐ YES ☒ NO
22a ACCIDENT / SUICIDE / HOMICIDE
22b TIME OF INJURY
22c INJURY OCCURRED
22d HOW DID INJURY OCCUR?
22e SIGNATURE: Chas. Rogers M.D.
22f ADDRESS
22g DATE SIGNED
23a DATE: 4/23/51
23b CEMETERY OR CREMATORY: Mt. Calvary Memorial Park
23c LICENSE NUMBER: 816
23d ADDRESS: Klamath Falls
27 DATE RECEIVED BY LOCAL REGISTRAR: April 23, 1951
28 SIGNATURE OF LOCAL REGISTRAR
DEPARTMENT OF PUBLIC HEALTH

STATE OF OREGON,
County of Klamath } ss

Filed for record at request of
J. Anthony Giacomini

on this 30th day of December A. D. 19 68
at 4:09 o'clock P. M. and duly
recorded in Vol. M-68 of Deeds
Page 21218

DOROTHY ROGERS, County Clerk
By Yvonne K. Lowtman, Deputy

Fee $1.50

56.