

46845
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER
4300 04797 VOL. M70 PAGE 10451

CERTIFICATE OF DEATH

1. NAME OF DECEASED—FIRST NAME
Elwin

2. NAME OF DECEASED—MIDDLE NAME
Murrel

3. NAME OF DECEASED—LAST NAME
MONTAGUE

4. DATE OF DEATH—MONTH, DAY, YEAR
September 29, 1970

5. HOUR
4:28 A.M.

6. SEX
Male

7. COLOR OR RACE
White

8. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Idaho

9. DATE OF BIRTH
Jan. 31, 1912

10. AGE (LAST BIRTHDAY)
58 YEARS

11. NAME AND BIRTHPLACE OF FATHER
Edward E. Montague - Utah

12. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Esther Marriott - Utah

13. CITIZEN OF WHAT COUNTRY
U.S.A.

14. SOCIAL SECURITY NUMBER
559 10 6259

15. MARITAL STATUS
Married

16. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
La Vern Williams

17. LAST OCCUPATION
Elec. Tech.

18. NUMBER OF YEARS IN THIS OCCUPATION
2

19. NAME OF LAST EMPLOYING COMPANY OR FIRM
Jennings Elec. Co.

20. KIND OF INDUSTRY OR BUSINESS

21. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY
Santa Clara Valley Medical Center

22. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)
San Jose

23. INSIDE CITY CORPORATE LIMITS
yes

24. CITY OR TOWN
San Jose

25. COUNTY
Santa Clara

26. LENGTH OF STAY IN COUNTY OF DEATH
19 YEARS

27. LENGTH OF STAY IN CALIFORNIA
50 YEARS

28. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)
10376 Bret Ave.

29. INSIDE CITY CORPORATE LIMITS
yes

30. CITY OR TOWN
Cupertino

31. COUNTY
Santa Clara

32. STATE
Calif.

33. NAME AND MAILING ADDRESS OF INFORMANT
I0365 Morretti Dr. Cuptno.

34. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE.
Investigation

35. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE.
Thomas N. Muldowney

36. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE
Medical Examiner-Coroner

37. ADDRESS
751 So. Bascom, San Jose

38. DATE SIGNED
Sept. 29, 1970

39. EMBALMER'S SIGNATURE (IF BODY EMBALMED)
L. Williams

40. EMBALMER'S LICENSE NUMBER
#G18798

41. SPECIFY BURIAL, ENTOMBMENT OR CREMATION
Burial

42. DATE
10-2-70

43. NAME OF CEMETERY OR CREMATORY
Santa Clara City Cemetery

44. LOCAL REGISTRAR—SIGNATURE
L. Williams

45. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR
SEP 29 1970

46. NAME OF FUNERAL HOME (IF DIFFERENT FROM ABOVE)
Funeral Home

47. PART I. DEATH WAS CAUSED BY:
Arteriosclerotic Heart Disease

48. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.
(A) DUE TO OR AS A CONSEQUENCE OF
(B) DUE TO OR AS A CONSEQUENCE OF
(C)

49. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.
31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN THIS OR NOT (SPECIFY OPERATION AND/OR BIOPSY)
No

32. AUTOPSY
Yes

33. IF YES, WERE FINGERES CONSIDERED IN DETERMINING CAUSE OF DEATH (SPECIFY YES OR NO)
Yes

34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
35. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)
36. INJURY AT WORK (SPECIFY YES OR NO)
37. DATE OF INJURY—MONTH, DAY, YEAR
38. HOUR
39. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
40. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, IF IN MILES
41. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)
42. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)

43. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 39)

44. A. B. C. D. E. F.

28

Carol N. Nevis
Deputy Registrar
of Vital Statistics
Santa Clara Co. Health Dept.
San Jose, California 95128

W. Elwyn J. J. J.
Local Registrar
of Vital Statistics
Santa Clara Co. Health Dept.
San Jose, California 95128

Certified as a true copy
of the official document
filed in this office
October 13, 1970
Certification Fee \$2.00

A-20457

A-205

NOV 24 4 02 PM '70

Carol N. Peris
Deputy Registrar
Vital Statistics
Santa Clara Co. Health Dept.
San Jose, California 95128

W. Elwyn Turner, M.D.
Local Registrar
of Vital Statistics
Santa Clara Co. Health Dept.
San Jose, California 95128

Certified as a true copy
of the official document
filed in this office
October 20, 1970
Certification Fee \$2.00

AFFIDAVIT TO AMEND A RECORD				10452
<input type="checkbox"/> BIRTH <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> FETAL DEATH <input type="checkbox"/> MARRIAGE				4300 04797
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME		
Elwin	Murrel	MONTAGUE		
2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE—CITY AND COUNTY		
Male	Sept. 29, 1970	San Jose, Santa Clara County		
5. NAME OF FATHER		6. MAIDEN NAME OF MOTHER		
Edward E. Montague		Esther Marriott		
7. ITEM NUMBER				
8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD				
13 La Vern Williams				
8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE				
La Vern Klein				
9. To correct the record.				
I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given above is true and correct.				
10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT		11. RELATIONSHIP OF PERSON COMPLETING THE AFFIDAVIT TO THE PERSON WHOSE RECORD IS BEING AMENDED		12. AGE OF PERSON COMPLETING THE AFFIDAVIT
Mrs. Helen Montague		Spouse		56
13. DATE SIGNED	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)			
10-20-70	16376 Blet Ave. Cupertino, Calif			
I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given above is true and correct.				
15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT		16. RELATIONSHIP OF PERSON COMPLETING THE AFFIDAVIT TO THE PERSON WHOSE RECORD IS BEING AMENDED		17. AGE OF PERSON COMPLETING THE AFFIDAVIT
Mrs. Helen Montague		Daughter-in-law		28
18. DATE SIGNED	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)			
10-20-70	10365 Monte Dr. Cupertino, Calif			
20. DATE ACCEPTED	21. OFFICE OF THE STATE OR LOCAL REGISTRAR			
OCT 20 1970	W. Elwyn Turner, M.D.			

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Transamerica Title Company
this 23rd day of November A. D., 1970 at 10:56 o'clock A.M., and duly recorded in
Vol. M70 of Deeds on Page 10451
Fee \$3.00 29 By W.M. D. MILNE County Clerk
Phyllis K. Rutledge

FORM No. 1
A-20457
A-204
NOV 20 4 02 PM '70