37094 **CERTIFICATE OF DEATH** 3400 ✓ 8817

STATE FILE NUMBER — STATE OF CALIFORNIA — DEPARTMENT OF PUBLIC HEALTH — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

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DECEDENT PERSONAL DATA

Field	Entry
1a. Name of deceased — first name	MAURICE
1b. Middle name	THEODORE
1c. Last name	MILLER
2a. Date of death	June 9, 1972
2b. Hour	11:PM
3. Sex	Male
4. Color or race	White
5. Birthplace	Oregon
6. Date of birth	Aug. 28, 1907
7. Age	64 years
8. Name and birthplace of father	Wm. B. Miller/W. Virginia
9. Maiden name and birthplace of mother	Leva C. Leasy/ Oregon
10. Citizen of what country	USA
11. Social Security number	543-10-3879
12. Married, never married, widowed, divorced	Divorced
13. Name of surviving spouse	**
14. Last occupation	Sales Supervisor
15. Number of years in this occupation	10
16. Name of last employing company or firm	Sacramento Bee
17. Kind of industry or business	Newspaper

PLACE OF DEATH

Field	Entry
18a. Place of death — name of hospital	Mercy General Hospital
18b. Street address	4001 J Street
18c. Inside city corporate limits	Yes
18d. City or town	Sacramento
18e. County	Sacramento
18f. Length of stay in county of death	3 days
18g. Length of stay in California	12 years

USUAL RESIDENCE

Field	Entry
19a. Usual residence — street address	715 Glide Avenue
19b. Inside city corporate limits	No
19c. City or town	W. Sacramento
19d. County	Yolo
19e. State	California
20. Name and mailing address of informant	Marilyn Jones, 3644 Durocher no 1, Montreal, Canada 130 P.Q.

PHYSICIAN'S OR CORONER'S CERTIFICATION

Field	Entry
21b. Physician — from / to / last saw alive	Nov 9, 197? / 6-9-72 / 6-9-72
21c. Physician or coroner — signature and degree	[illegible signature], M.D.
21d. Date signed	6-13-72
21e. Address	[illegible] Jefferson Blvd
21f. Physician's license number	21??61

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
22a. Specify burial, entombment or cremation	Burial
22b. Date	6/15/72
23. Name of cemetery or crematory	Arlington Cemetery
24. Embalmer — signature / license number	[signature] / 5452
25. Name of funeral director	Koerwitz-Sweeton
26. Not embalmed	No
27. Local registrar — signature	[signature]
28. Date accepted for registration	JUN 13 1972

CAUSE OF DEATH

29. Part I. Death was caused by: 4109

	Cause	Approximate interval between onset and death
Immediate cause (A)	Acute myocard. infarction — [illegible]	3 days
Due to, or as a consequence of (B)	arteriosclerotic ht. dis.	7 mo
Due to, or as a consequence of (C)		

30. Part II. Other significant conditions:

31. Operation: no — 32a. Autopsy: yes — 32b. Findings considered: yes

INJURY INFORMATION

33. Specify accident, suicide or homicide — 34. Place of injury — 35. Injury at work — 36a. Date of injury — 36b. Hour

37a. Place of injury — 37b. Distance from place of injury to usual residence — 38. — 39.

40. Describe how injury occurred

STATE REGISTRAR A. B. C. D. E. F.

AUG 9 2 18 PM 1972

Ret: Marilyn K. Jones, 3644 Durocher, Apt 1, Montreal 130, P.Q. Canada

THIS IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN THE SACRAMENTO COUNTY DEPARTMENT OF PUBLIC HEALTH, SACRAMENTO, CALIFORNIA

[signature] REGISTRAR

By, M. Murphy Deputy

Registrar of Vital Statistics
Sacramento County, California

1972

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of MARILYN K. JONES & BONNIE M. JOSEPH

this 9th day of AUGUST A. D., 19 72 at 2:18 o'clock P.M., and duly recorded in

Vol. M 72, of DEEDS on Page 8817

Fee $2.00

WM. D. MILNE, County Clerk

By Hazel Drazil