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38-9828

4300- 02632

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

Item	Entry
1a. Name of deceased—(First name)	ELIZABETH(Betty)
1b. Middle name	Porter
1c. Last name	BERG
2a. Date of death	MAY 12 1974
2b. Hour	1:15 AM
3. Sex	Female
4. Color or race	Cauc.
5. Birthplace	Scotland
6. Date of birth	Nov. 5, 1901
7. Age	72 years
8. Name and birthplace of father	Andrew Porter-Scotland
9. Maiden name and birthplace of mother	Agnes Collis-Ireland
10. Citizen of what country	Great Britain
11. Social security number	135-01-4049A
12. Married, never married, widowed, divorced	Married
13. Name of surviving spouse	Bert Berg
14. Last occupation	Merchant
15. Number of years in this occupation	30
16. Name of last employing company or firm	self employed
17. Kind of industry or business	Retail Clothing
18a. Place of death	Stanford Medical Center
18b. Street address	300 Pasteur Road
18c. Inside city corporate limits	yes
18d. City or town	Palo Alto
18e. County	Santa Clara
18f. Length of stay in county of death	2 days
18g. Length of stay in California	26 years
19a. Usual residence	1293 Sylvan Road
19b. Inside city corporate limits	no
19c. City or town	Monterey
19d. County	Monterey
19e. State	Calif.
20. Name and mailing address of informant	Mr Bert Berg, 1293 Sylvan Road, Monterey, Calif.
21b. Physician — attended from / to / last saw	5-11-74 / 5-12-74 / 5-12-74
21c. Physician or coroner — signature	Donald C. Watson MD — DONALD WATSON
21d. Date signed	5/12/74
21e. Address	Stanford Univ Hosp
21f. Physician's license number	G25634
22a. Specify burial, entombment or cremation	Burial
22b. Date	5/16/74
23. Name of cemetery or crematory	El Carmelo Cem: Pacific Grove
24. Embalmer—signature	Not Embalmed
25. Name of funeral director	Mission Mortuary, Monterey
26. Not certified by coroner	No
27. Local registrar—signature	W Elwyn Turner MD
28. Date received for registration	MAY 15 1974

29. Part I. Death was caused by:

	Cause	Approximate interval between onset and death
(A) Immediate cause	Probable Rupture Thoracic Aortic Aneurysm	Hours
(B) Due to, or as a consequence of	Diffuse atherosclerotic vessel disease	Years
(C) Due to, or as a consequence of	Chron Thoracic Aortic Aneurysm	Years

30. Part II. Other significant conditions: None

31. Was operation or biopsy performed: No

32a. Autopsy: Yes

32b. No

33. Specify accident, suicide or homicide:

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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. Were laboratory tests done for drugs or toxic chemicals:

39. Were laboratory tests done for alcohol:

40. Describe how injury occurred:

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

Certified as a true copy of the official document filed in this office
May 22, 1974
Certification Fee $2.00

W Elwyn Turner MD
Local Registrar of Vital Statistics
Santa Clara County Health Dept.
San Jose, California 95128

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

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Transamerica Title Company

this 7th day of October A. D., 1975 at 3:33 o'clock P.M., and duly recorded in

Vol. M75, of Deeds on Page 12381

WM. D. MILNE, County Clerk

Fee $3.00 By Hazel Drazil Deputy

Title Ins. & Trust
[illegible] 750
Monterey Calif 93940