

1379276 OCT 4 AM 11 CERTIFICATE OF DEATH 4300-05449 300 Vol. 15547

STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH

1. NAME OF DECEASED - FIRST NAME: **Harry** MIDDLE NAME: **Scott** LAST NAME: **THOMPSON JR.**

2. DATE OF DEATH - MONTH, DAY, YEAR: **Oct. 4, 1972** 3. HOUR: **10:30 A.**

4. SEX: **Male** 5. COLOR OR RACE: **White** 6. DATE OF BIRTH: **August 28, 1926** 7. AGE (LAST BIRTHDAY): **46** YEARS

8. NAME AND BIRTHPLACE OF FATHER: **Harry Thompson - Nebraska** 9. MOTHER NAME AND BIRTHPLACE OF MOTHER: **Mae (Joyce) - Missouri**

10. CITIZEN OF WHAT COUNTRY: **U.S.A.** 11. SOCIAL SECURITY NUMBER: **565224-9258** 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married**

13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIED NAME): **Maryanne E. Thompson**

14. LAST OCCUPATION: **Veterinarian** 15. TYPE OF EMPLOYMENT: **Self-employed** 16. KIND OF INDUSTRY OR BUSINESS: **Veterinarian**

17. PLACE OF DEATH - NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: **E1 Camino Hospital** 18. STREET ADDRESS - (STREET AND NUMBER OR LOCATION): **2500 Grant Road**

19. CITY OR TOWN: **Mountain View** 20. COUNTY: **Santa Clara** 21. ZIP CODE: **95061**

22. USUAL RESIDENCE - STREET ADDRESS, STREET AND NUMBER OR LOCATION: **158 N. Sunnyvale Ave., Apt 10** 23. CITY OR TOWN: **Sunnyvale** 24. COUNTY: **California** 25. ZIP CODE: **94086**

26. PHYSICIAN: **Dr. L.A. Epstein M.D. 730-5-72** 27. DATE SIGNED: **9-24-72**

28. NAME OF CEMETERY OR CREMATORIUM: **Kernville Cemetery** 29. ADDRESS: **10-7-72**

30. NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF BURIAL: **WYATT FUNERAL HOME** 31. ADDRESS: **10-7-72**

32. NAME OF REGISTRAR: **William M. Darny** 33. ADDRESS: **10-7-72**

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Retired
Maryanne McKee
603 Creasy Ct.
Nas Pensacola, Fla
32508

STATE OF CALIFORNIA
County of Santa Clara
GEORGE A. MANN, Recorder of
the above entitled County, do hereby cer-
tify that the annexed is a full, true and cor-
rect copy of the original
record in my office.
WITNESS my hand and official seal
this 19 day of August 1972
By *William M. Darny* Deputy
WILLIE M. DARNY

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the 4th day of
OCTOBER A.D., 19 76 at 11:16 o'clock A.M., and duly recorded in Vol. M 76
of DEEDS on Page 15547.

FEES \$3.00
WM. D. MILNE, County Clerk
By *Hazel Drasile*