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COUNTY OF ORANGE
HEALTH DEPARTMENT
Santa Ana, California

FEE \$2.00

NO FEE GOVERNMENT
PURPOSES

This is to certify, if impressed
with the seal of the Orange
County Health Officer, that this
is a true copy of the permanent
record filed in this office.

John R. Philp
JOHN R. PHILP, M. D.

Health Officer and Local Registrar of
Births and Deaths of Orange County

DATE: MAY 13 1974

Rev. Sylvia Berry
13841-M.C. MAINS
Garden Grove
Calif 92644

BY 1146PG1232 CERTIFICATE OF DEATH

STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH		3000 02457-	
IN NAME OF DECEASED - FIRST NAME LAST NAME		DATE OF DEATH - MONTH DAY YEAR	
WALTER ASA KNIGHT		April 10, 1972	
SEX		AGE	
Male		67	
RACE		DATE OF BIRTH	
Cauc.		December 31, 1904	
BIRTHPLACE		PLACE OF BIRTH	
Massachusetts		Massachusetts	
NAME AND BIRTHPLACE OF FATHER		NAME AND BIRTHPLACE OF MOTHER	
Walter Knight Massachusetts		Mary A. Parker Massachusetts	
CITIZENSHIP OF WHAT COUNTRY		MARRIAGE	
U. S. A.		Married	
SOLICIT NUMBER		NAME OF SURVIVING SPOUSE (if one entered on birth record)	
097-05-8954		M. Sylvia Dale	
LAST OCCUPATION		FIND OF INDUSTRY OR BUSINESS	
Unemployed		Radio Store	
PLACE OF DEATH - NAME OF HOSPITAL OR OTHER INSTITUTION		STREET ADDRESS - STREET AND NUMBER OR LOCATION	
13841 McMains Street		13841 McMains Street	
CITY OR TOWN		COUNTY	
Garden Grove		Orange	
USUAL RESIDENCE - STREET ADDRESS (if other) AND NUMBER OR LOCATION		NAME AND MAILING ADDRESS OF INFORMANT	
13841 McMains Street		M. Sylvia Dale Knight	
CITY OR TOWN		13841 McMains Street	
COUNTY		Garden Grove, California	
STATE		DATE SIGNED	
California		4-12-72	
INVESTIGATION		LOCAL REGISTRAR - SIGNATURE	
DATE		APR 13 1972	
PLACE OF EXAMINATION		LOCAL REGISTRAR - SIGNATURE	
13841 McMains Street		APR 13 1972	
CAUSE OF DEATH		ENTER ONLY ONE CAUSE OF DEATH FOR A & B AND C	
A. Thrombosis, anterior descending coronary artery			
B. Arteriosclerotic cardiovascular disease			
C. Other			
OTHER CAUSES OF DEATH			
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.			
PLACE OF INJURY - STREET AND NUMBER OR LOCATION AND CITY OR TOWN		DATE OF INJURY - MONTH DAY YEAR	
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.			

MAILING ADDRESS: 13841 McMains St., Garden Grove, CA. 92644
STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 25th day of
AUGUST A.D., 1977 at 10:17 o'clock A.M., and duly recorded in Vol. 77,
of DEEDS on Page 15671.

FEE \$3.00

WM. D. MILNE, County Clerk

By *Hazel Dugan* Deputy