49875

STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

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DECEDENT PERSONAL DATA

1a. Name of Deceased—First Name: LOUCINDA | 1b. Middle Name: | 1c. Last Name: WALKER | 2a. Date of Death: June 24, 1976 | 2b. Hour: 8:10 P.

3. Sex: Female | 4. Color or Race: Negro | 5. Birthplace: Arkansas | 6. Date of Birth: July 27, 1885 | 7. Age: 90 Years

8. Name and Birthplace of Father: George Grant - Florida | 9. Maiden Name and Birthplace of Mother: Charlotte Hall - Florida

10. Citizen of What Country: U.S.A. | 11. Social Security Number: 445-12-7402 | 12. Married, Never Married, Widowed, Divorced: Widowed | 13. Name of Surviving Spouse:

14. Last Occupation: Janitress | 15. Number of Years in This Occupation: 1 | 16. Name of Last Employing Company or Firm: Unk. | 17. Kind of Industry or Business: Domestic

PLACE OF DEATH

18a. Place of Death—Name of Hospital: Centinela Valley Hospital | 18b. Street Address: 555 E. Hardy Street | Yes

18c. City or Town: Inglewood | 18e. County: Los Angeles | 32 | 32

USUAL RESIDENCE

19a. Usual Residence—Street Address: 1240 West 105th Street #27 | 19b. Inside City Corporate Limits: Yes | 20. Name and Mailing Address: Julius Walker, 915 East 98th Street, Los Angeles, California 90002

19c. City or Town: Los Angeles | 19d. County: Los Angeles | 19e. State: California

PHYSICIAN'S OR CORONER'S CERTIFICATION

March 11, 1972 | 6/24/76 | 6/24/76 | 21. James A. Margolis 6/28/76 | 21. Address: 2222 W Manchester Inglewood C31115

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. Specify Burial, Entombment or Cremation: Burial | 22b. Date: 6-30-76 | 23. Name of Cemetery or Crematory: Inglewood Park | 24. Embalmer—Signature: [signature] 5894

25. Name of Funeral Director: House of Winston Mortuary | 26. Was Death Reported to Coroner: No | 27. Local Registrar—Signature: [signature] JUN 30 1976

CAUSE OF DEATH

29. Part I. Death was caused by: (enter only one cause per line for A, B and C)

Immediate Cause (A): ASHD c Congestive Heart Failure 4 days

Due to, or as a consequence of (B): arteriosclerosis

Due to, or as a consequence of (C): also with active T-B.

30. Part II. Other significant conditions: Active T.B. Senility | 31. None | 32a. 0

INJURY INFORMATION

33. Specify Accident, Suicide or Homicide: | 34. Place of Injury: | 35. Injury at Work: | 36a. Date of Injury:

37a. Place of Injury: | 37b. | 38.

40. Describe How Injury Occurred:

STATE REGISTRAR A | B | C | D | E

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THIS IS A TRUE CERTIFIED COPY OF THE ... FILED IN THE COUNTY OF LOS ANGELES DEPT. OF HEALTH SERVICES IF IT BEARS THIS SEAL IN ...

JUN 30 1976 FEE $2.00

... of Health Services

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 12th day of June A.D., 19 78 at 2:00 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 12469.

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy

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