62553

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M79 Page 3534

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

Field	Entry
1A. Name of Decedent—First	EDWARD
1B. Middle	THOMAS
1C. Last	WILBORN
2A. Date of Death (Month, Day, Year)	10-17-1978
2B. Hour	0120
3. Sex	Male
4. Race	Negro
5. Ethnicity	
6. Date of Birth	5-23-1920
7. Age	58 Years
8. Birthplace of Decedent (State or Foreign Country)	Pennsylvania
9. Name and Birthplace of Father	John Wilborn, North Carolina
10. Birth Name and Birthplace of Mother	Lottie Hopper, North Carolina
11. Citizen of What Country	U.S.A.
12. Social Security Number	206-09-3888
13. Marital Status	Married
14. Name of Surviving Spouse (If Wife, Enter Birth Name)	Dorothy Carpenter
15. Primary Occupation	Special Del. Clerk
16. Number of Years This Occupation	24
17. Employer (If Self-Employed, So State)	U. S. Postal Service
18. Kind of Industry or Business	Government

USUAL RESIDENCE

Field	Entry
19A. Usual Residence—Street Address	1502 W. 130th Street
19B.	
19C. City or Town	Compton
19D. County	Los Angeles
19E. State	California
20. Name and Address of Informant—Relationship	Dorothy Wilborn, Wife, 1502 W. 130th Street, Compton, California 90222

PLACE OF DEATH

Field	Entry
21A. Place of Death	David Brotman Memorial Hospital
21B. County	Los Angeles
21C. Street Address	3828 Delmas Terrace
21D. City or Town	Culver City

CAUSE OF DEATH

22. Death was caused by: (Enter only one cause per line for A, B, and C)

Cause		Approximate interval between onset and death
Immediate cause (A)	Aspiration pneumonia	3 hrs
Due to, or as a consequence of (B)	tracheo-esophageal fistula	3 hrs
Due to, or as a consequence of (C)	Carcinoma of lung	5 mos

24. Was death reported to coroner? NO
25. Was biopsy performed? NO
26. Was autopsy performed? Yes

23. Other conditions contributing but not related to the immediate cause of death: N/A

27. Was operation performed for any condition in items 22 or 23? Type of operation: NO — Date:

PHYSICIAN'S CERTIFICATION

28A. I certify that death occurred at the hour, date and place stated from the causes stated. I attended decedent since (Enter Mo, Da, Yr): 5/31/78 — I last saw decedent alive (Enter Mo, Da, Yr): 10/16/78

28B. Physician—Signature and degree or title: [signature] MD

28C. Date signed: 10/18/78

28D. Physician's license number: G22064

28E. Type physician's name and address: Stephen B. Strum MD. 9201 Sunset Blvd LA 90069

INJURY INFORMATION / CORONER'S USE ONLY

29. Specify accident, suicide, etc. — 30. Place of injury — 31. Injury at work — 32A. Date of injury—Month, day, year — 32B. Hour

33. Location (Street and number of location and city or town) — 34. Describe how injury occurred (Events which resulted in injury)

35A. I certify that death occurred at the hour, date and place stated from the causes stated, as required by law I have held an (Inquest-Investigation) — 35B. Coroner—Signature and degree or title — 35C. Date signed

Field	Entry
36. Disposition	Burial
37. Date—Month, Day, Year	10-21-1978
38. Name and Address of Cemetery or Crematory	Forest Lawn Cemetery, Hlywd. Hills, CA
39. Embalmer's License Number and Signature	Willie Solomon 5677
40. Name of Funeral Director (or Person Acting as Such)	ANGELUS FUNERAL HOME
41. Local Registrar—Signature	Robert Tolotti HW
42. Date Accepted by Local Registrar	OCT 18 1978

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

VS-11 (5-78)

RECEIVED FEB 13 1979 4:30 PM

Return to
D. Wilborn
1502-W-130th St
Compton, Ca 90222

ck 3.00

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

FEE $3.00

OCT 19 1978

[signature]
Director of Health Services and Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 13th day of February A.D., 19 79 at 4:30 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 3534.

WM. D. MILNE, County Clerk
By Bernetha G Letsch Deputy

FEE $3.00