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

This is to certify that
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on the reverse.

RECEIVED & MYERS DIVISION
DEPARTMENT OF HEALTH SERVICES
VITAL STATISTICS SECTION
Mark L. Stille
VITAL STATISTICS BRANCH

OCT 1 1979

5530
Edith Smith 1992
17-055942

1. FULL NAME: Edith Smith
2. PLACE OF DEATH: (a) COUNTY: San Diego (b) CITY OR TOWN: San Diego (c) NAME OF HOSPITAL OR INSTITUTION: Scripps Memorial Hospital
3. USUAL RESIDENCE: (a) COUNTY: California (b) CITY OR TOWN: San Francisco
4. SEX: Female 5. COLOR OR RACE: White 6. (a) SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (b) (c) ALL OF HUSBAND OR WIFE (L.A.): Frank H. Smith deceased
7. BIRTHDATE OF DECEASED: April 14 1894
8. AGE: 93
9. BIRTHPLACE: Merced, California
10. USUAL OCCUPATION: Housewife
11. INDUSTRY OR BUSINESS: None
12. NAME: Joseph Jacobs
13. BIRTHPLACE: Germany
14. MAIDEN NAME: Edith Smith
15. BIRTHPLACE: Germany
16. INFORMANT: (a) NAME: Joseph Jacobs (b) ADDRESS: 788 W. Ave. San Francisco, CA 94114
17. SIGNATURE: [Signature]
18. FURNERAL DIRECTOR: (a) NAME: Harold L. Fisher (b) ADDRESS: 788 W. Ave. San Francisco, CA 94114
19. DATE: 7-24-47
20. DATE OF DEATH: MONTH: July YEAR: 1947 DAY: 23
21. MEDICAL CERTIFICATE: I HEREBY CERTIFY THAT I ATTESTED THE DECEASED FROM July 22 1947 TO July 23 1947 THAT I SAW HIM OR HER ON July 23 1947 AND HOW STATED ABOVE: Occlusion of Coronary Artery Due to Arteriosclerotic Hypertension
22. CORONER'S CERTIFICATE: I HEREBY CERTIFY THAT I HELD AN INQUEST, JURY OR INVESTIGATION IN THE DEATH OF THE DECEASED AND FAD THAT SUCH ACTION THAT DECEASED EARLY TO AND HOW STATED ABOVE: Occlusion of Coronary Artery Due to Arteriosclerotic Hypertension
23. PHYSICIAN'S SIGNATURE: [Signature] DATE: July 23 1947
24. PHYSICIAN'S SIGNATURE: [Signature] DATE: July 23 1947

Return to
TA-Branch - Sue

STATE OF OREGON; COUNTY OF KLAMATH; ss.
filed for record at request of Transamerica Title co.
this 8th day of November A. D. 19 79 at 11:12 clock AM., an
uly recorded in Vol. M79, of Deeds on Page 26284
Wm D. MILNE, County Clerk
By: [Signature]

Fee \$3.50