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CERTIFICATE OF DEATH

STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH		REGISTRATION DISTRICT NO. 2100	RECEIVED NO. 422
1. NAME OF DECEASED FIRST NAME: DeLTT		2. DATE OF DEATH: AUGUST 4, 1954	
3. MIDDLE NAME: CROWSON		3. LAST NAME: SMITH	
4. SEX: Male	5. COLOR OR RACE: White	6. DATE OF BIRTH: August 6, 1901	7. AGE: 52
8. USUAL OCCUPATION: Chemist	9. KIND OF BUSINESS OR INDUSTRY: Pacific Gas & Elec.	10. BIRTHPLACE: S.F. California	11. CITIZENSHIP: USA
12. NAME AND BIRTHPLACE OF FATHER: Frank A. Smith-California		13. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Edith Jacobs - California	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? No		15. SOCIAL SECURITY NUMBER: 516-05-9361	16. NAME OF PRESENT SPOUSE: Esther A. Smith
17a. COUNTY: Marin		17b. CITY OR TOWN: Ross	17c. LENGTH OF STAY IN THIS CITY OR TOWN: 42 years
17d. FULL NAME OF HOSPITAL OR INSTITUTION		17e. ADDRESS: 8 Laurel Grove Avenue	
18a. STATE: California		18b. COUNTY: Marin	18c. CITY OR TOWN: Ross
18d. STREET OR RURAL ADDRESS: 8 Laurel Grove Avenue		18e. STREET OR RURAL ADDRESS: 8 Laurel Grove Avenue	
19a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSE STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW		19b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE DATE AND PLACE STATED ABOVE FROM THE CAUSE STATED BELOW AND THAT I ATTENDED THE DECEASED FROM TO: Aug 4, '54	
19c. SIGNATURE: J. H. Hurlbut, M.D.		19d. ADDRESS: 1030 Sir Francis Drake Blvd., KENTFIELD, CALIF.	
20a. DATE OF BURIAL: Aug. 6, 1954		20b. DATE: Aug. 6, 1954	
20c. CEMETERY OR CREMATORY: Olivet Memorial Park		20d. DATE RECEIVED BY LOCAL REGISTRAR: Aug 5, 1954	
21. FUNERAL DIRECTOR: N. GRAY & CO., 1545 Divisadero Street		22. SIGNATURE OF EMBALMER: J. H. Hurlbut, M.D.	
23. SIGNATURE OF LOCAL REGISTRAR: Carolyn B. Albrecht, M.D.		24. SIGNATURE OF LOCAL REGISTRAR: Carolyn B. Albrecht, M.D.	

STATE OF CALIFORNIA
COUNTY OF MARIN } ss.

I, N. T. Giacomini, County Recorder in and for said County and State, hereby certify that the above and foregoing as hereunto annexed, is a full, true and correct copy of an Instrument of Record in my office, as the same appears recorded in Liber 29 of Deaths Page 516 of Marin County Records, and that the copy has been compared by me with the original, and is a correct transcript therefrom and of the whole of said original record.

WITNESS MY HAND and Official Seal this 5th day of July A. D., 1954

N. T. GIACOMINI,
County RecorderBy Terese C. Wood
Terese C. Wood Deputy Recorder

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Transamerica Title Co.

this 8th day of November A. D. 1979 at 11:12 o'clock AM., on

July recorded in Vol. M79, of Deeds on Page 26285

Wm D. MILNE, County Clerk

By Bernetha H. Hetch

Fee \$3.50

Return to -
Th. Branch - Sue