	STATE FILE NUMBER 1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C.	IC. LAST Smith		POLAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 2A. DATE OF DEATH (MONTH. DAY, VEAR) February 1,1979 10:45			
	Hosea		Alfred	6.	DILL ULL DATE OF BIRTH		7. AGE	IF UNDER I	YEAR IF	UNDER ZA WO
DECEDENT PERSONAL DATA	Male	White	American		June 23, 1	899	79 YEAR			
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN STATE OR		9. HAME AND BIRTHPLACE OF FATHER Henry Smith, Indiana 13. Marital Status			Anne Davis, Indiana 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER				
	11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER 557 05 1050		Married		Blanche Cunningham 18. KIND OF INDUSTRY OR BUSINESS			
	15. PRIMARY OCCUPATION Lumber Grader				national Paper Co					
	19A. USUAL RESIDENCE-STREET ADDRI		ISS (STREET AND NUMBER OR LOCATION)			19C. CITY OR TOWN Weed				
		ilman Av	enue	19E. STATE 20. HAME AN			the C. Smith, Wife			
	Siskiyou i California , Blanc					ilman .	Avenue	9	Kg	
PLACE	113 Adams -Mt. Shasta Siskiyou Weed, California 96094									
OF DEATH	21C. STREET ADDRESS (STREET AND NUMBER ON LOCATION) 21D. CITY OR TOWN 1.21 Address Draine Mt. Shasta									
<u> </u>	22. DEATH V	VAS CAUSED BY:	(ENTER ONLY O		PER LINE FOR A. B. AND C)		de la companya da la	APPROXI-	TO CORONER	!
CAUSE	CONDITIONS, IF	ANY. (A) CE	rebrovascular	The service of the first	eriosclerosis		OPERATION PERFORMED FOR	MATE INTERVAL BETWEEN	25. WAS BI	CPST PERFOR
OF DEATH	THE IMMEDIATE STATING THE UP	CAUSE, (B) CE	rebrovascular	arterio				ONSET AND DEATH		NO
	LYING CAUSE LA	(C)						40000000	No.	
	23. OTHER CO	NOITIONS CONTRIBUTING	BUT NOT RELATED TO THE INN With chronic T	EDIATE CAUSE OF DE		27. WAS OPERATION	I PERFORMED FOR			
	Pneum	OCONIUSIS V	D AT THE HOUR, DATE 28B.	PHYSICIAN-SIGN	ATURE AND DEGREE OR TITLE	£	28C, DATE		D. PHYSICIAN	
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TION	April	25, 1962 1	TER NO. DA. TR.) 28E.	V.J./1	hompson, I	- <i>///</i> M.D., 50		, Wee	d, Ca	lifor
TION	April 29. specify A	25, 1962 1 ccident, suicide, etc.	/3/79 30. PLACE OF INJ	V.J. I	hompson, I	M.D., 50	Alamo	, Wee	d, Ca	lifor
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