

80339

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. ^{m 80} 4700-32 Page ²⁴⁰² 2402

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Hosea		1B. MIDDLE Alfred	
1C. LAST Smith		2A. DATE OF DEATH (MONTH, DAY, YEAR) February 1, 1979	
3. SEX Male		4. RACE White	
5. ETHNICITY American		6. DATE OF BIRTH June 23, 1899	
7. AGE 79		8. IF UNDER 1 YEAR MONTHS DAYS	
9. IF UNDER 24 HOURS HOURS MINUTES		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Anne Davis, Indiana	
11. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Indiana		12. NAME AND BIRTHPLACE OF FATHER Henry Smith, Indiana	
13. CITIZEN OF WHAT COUNTRY USA		14. SOCIAL SECURITY NUMBER 557 05 1050	
15. MARITAL STATUS Married		16. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Blanche Cunningham	
17. PRIMARY OCCUPATION Lumber Grader		18. NUMBER OF YEARS THIS OCCUPATION 30	
19. EMPLOYER (IF SELF-EMPLOYED, SO STATE) International Paper Co.		20. KIND OF INDUSTRY OR BUSINESS Lumber	
21. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 379 Gilman Avenue		22. CITY OR TOWN Weed	
23. COUNTY Siskiyou		24. STATE California	
25. PLACE OF DEATH 113 Adams -Mt. Shasta		26. COUNTY Siskiyou	
27. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 113 Adams Drive		28. CITY OR TOWN Mt. Shasta	
29. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE		30. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(A) Cerebrovascular insufficiency		31. WAS DEATH REPORTED TO CORONER? No	
(B) Cerebrovascular arteriosclerosis		32. WAS BIOPSY PERFORMED? No	
(C) Pneumoconiosis with chronic respiratory failure		33. WAS AUTOPSY PERFORMED? No	
34. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		35. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	
36. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		37. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE V.J. Thompson, M.D., 50 Alamo, Weed, California	
38. I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) April 25, 1962 1/3/79		39. DATE SIGNED 2-2-79	
40. TYPE PHYSICIAN'S NAME AND ADDRESS		41. PHYSICIAN'S LICENSE NUMBER A 14074	
42. SPECIFY ACCIDENT, SUICIDE, ETC.		43. PLACE OF INJURY	
44. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		45. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
46. 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)		47. CORONER—SIGNATURE AND DEGREE OR TITLE	
48. DATE—MONTH, DAY, YEAR 2-3-79		49. NAME AND ADDRESS OF CEMETERY OR CREMATORY Mt. Shasta Memorial Park	
50. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Mt. Shasta Memorial Chapel		51. LOCAL REGISTRAR—SIGNATURE P.K. Bley By Jeanne L Lane	
52. STATE REGISTRATION NUMBER 17403		53. ENHANCED LICENSE NUMBER AND SIGNATURE 4710	
54. DATE ACCEPTED BY LOCAL REGISTRAR FEB 6 - 1979		55. F. ...	

STATE OF CALIFORNIA, COUNTY OF SISKIYOU: I, P. K. Bley, County Recorder and Registrar of Vital Statistics for said County, do hereby certify the annexed to be a true, full and correct transcript of the record of an instrument, as the same is recorded in my office in Book 27 of Reg. of Deaths

Page 202 IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official Seal this 6th day of February, 19 79

Fee: \$3.00 Paid

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 6th day of February A.D., 19 80 at 2:39 o'clock P M., and duly recorded in Vol. MSO of Deeds on Page 2402.

FEE \$3.50

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

