

4883

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M-81 Page 17216

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST
Smith			Monie
3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH
Male	Black		Dec. 26, 1909
7. AGE		7. AGE	
71		71	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER	
LA		Smith Monie-LA	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY	
Ellen Norwood-LA		USA	
12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
573-10-8020		Married	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		15. PRIMARY OCCUPATION	
Pinkie Lowe		Security Guard	
16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
28		Dept. of Water & Power	
18. KIND OF INDUSTRY OR BUSINESS		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
Electric Co.		1320 W. 59th Street	
19B. CITY OR TOWN		19C. STATE	
Los Angeles		California	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21A. PLACE OF DEATH	
Pinkie Monie-Wife		Los Angeles	
1320 W. 59th St.		21B. COUNTY	
Los Angeles, Calif. 90044		Los Angeles	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
1320 W. 59th St.		Los Angeles	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	
(A) Carcinoma of the Esophagus		Tuberculosis - treated	
(B)			
(C)			
24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?	
No		Yes	
26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?	
No		Gastroscopy	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
7/10/80		Leonard Schutz, M.D.	
28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
8/18/81		C 29100	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS		29. SPECIFY ACCIDENT, SUICIDE, ETC.	
Leonard Schutz MD 6041 Cadillac L.A. Ca. 90034			
30. PLACE OF INJURY		31. INJURY AT WORK	
32. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
33. LOCATION (STREET AND NUMBER OR 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		36. DISPOSITION	
		Burial	
37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS	
Aug. 22, 1981		Rose Hill 3900 Workman Ave.	
39. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40. LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
Conner-Johnson Mortuary		AUG 19 1981	
41. LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		42. DATE ACCEPTED BY LOCAL REGISTRATION DISTRICT	
43. STATE REGISTRAR		44. STATE REGISTRAR	

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.



AUG 19 1981

FEE
\$3.00

Director of Health Services and Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record of Deeds

this 28th day of Sept. A.D. 19 81 at 9:32 A.M. and

duly recorded in Vol. M-81 of Deeds page 17216

Fee \$4.00

By *W. Lyn Behn* EV. LYN BEHN, Cc.400
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