

CERTIFICATE OF DEATH

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

6018

C298

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|--|--|--|--|--|--|---|--|--|--|--|--|
| STATE FILE NUMBER | | NAME OF DECEASED - FIRST NAME | | MIDDLE NAME | | LAST NAME | | DATE OF DEATH | | TIME OF DEATH | |
| | | ALICE | | HARRIETT | | TIMMS | | October 18, 1976 | | 7:25 A.M. | |
| 3 SEX | | 4 COLOR OR RACE | | 5 BIRTHPLACE | | 6 DATE OF BIRTH | | 7 AGE | | 8 SEX | |
| Female | | Negro | | Oregon | | 2-26-1910 | | 66 | | M | |
| 9 NAME AND BIRTHPLACE OF FATHER | | 10 CITIZEN OF WHAT COUNTRY | | 11 SOCIAL SECURITY NUMBER | | 12 MARRIED - NEVER MARRIED - WIDOWED - DIVORCED - SEPARATED | | 13 NAME OF SURVIVING SPOUSE | | 14 NAME OF SURVIVING SPOUSE | |
| William E. Timms - South Carolina | | U.S.A. | | 357-01-4408 | | Never Married | | N/A | | N/A | |
| 15 LAST OCCUPATION | | 16 NAME OF LAST EMPLOYING COMPANY OR FIRM | | 17 KIND OF INDUSTRY OR BUSINESS | | 18 PLACE OF DEATH - NAME OF HOSPITAL OR OTHER INSTITUTION | | 19 CITY OR TOWN | | 20 COUNTY | |
| Employment Counselor | | State of California | | State Government | | Vesper Memorial Hospital | | San Leandro | | Alameda | |
| 21 USUAL RESIDENCE - STREET ADDRESS | | 22 INSIDE CITY COORDINATE LIMITS | | 23 NAME AND MAILING ADDRESS OF INFORMANT | | 24 NAME AND MAILING ADDRESS OF INFORMANT | | 25 NAME AND MAILING ADDRESS OF INFORMANT | | 26 NAME AND MAILING ADDRESS OF INFORMANT | |
| 27542 Mandarin | | Yes | | Mick Timms | | Same as 19 A | | Same as 19 A | | Same as 19 A | |
| 27 CITY OR TOWN | | 28 COUNTY | | 29 STATE | | 30 PHYSICIAN OR CORONER | | 31 DATE SIGNED | | 32 SIGNATURE | |
| Hayward | | Alameda | | California | | Dr. [Signature] | | 200-176 | | [Signature] | |
| 33 SPECIFY MANNER OF DEATH | | 34 DATE | | 35 NAME OF CEMETERY OR CREMATORY | | 36 EMBALMED | | 37 NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | | 38 DATE OF INTERMENT | |
| Cremation | | 10-20-76 | | Chapel of the Chimes | | Not Embalmed | | Chapel of the Chimes Hayward | | OCT 20 1976 | |
| 39 PART I - DEATH WAS CAUSED BY | | 40 IMMEDIATE CAUSE | | 41 DUE TO OR AS A CONSEQUENCE OF | | 42 DUE TO OR AS A CONSEQUENCE OF | | 43 DUE TO OR AS A CONSEQUENCE OF | | 44 DUE TO OR AS A CONSEQUENCE OF | |
| 15-7 | | Carcinoma of Pancreas w/ H. metastasis | | 6mo. | | | | | | | |
| 45 PART II - OTHER SIGNIFICANT CONDITIONS | | 46 INQUIRY TO DEATH | | 47 INQUIRY TO DEATH | | 48 INQUIRY TO DEATH | | 49 INQUIRY TO DEATH | | 50 INQUIRY TO DEATH | |
| Diabetes mellitus & Hypertension | | Biliary | | No | | | | | | | |
| 51 SPECIFY ACCIDENT, SUICIDE OR HOMICIDE | | 52 PLACE OF INJURY | | 53 INJURY AT WORK | | 54 DATE OF INJURY | | 55 TIME OF INJURY | | 56 TIME OF INJURY | |
| | | | | | | | | | | | |
| 57 PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | | 58 DISTANCE FROM PLACE OF INJURY TO HOSPITAL | | 59 NAME OF HOSPITAL | | 60 NAME OF HOSPITAL | | 61 NAME OF HOSPITAL | | 62 NAME OF HOSPITAL | |
| | | | | | | | | | | | |
| 63 DESCRIBE HOW INJURY OCCURRED (WITH SEQUENCE OF EVENTS WHICH RESULTED IN INJURY NATURE OF INJURY SHOULD BE ENTERED IN ITEM 21) | | 64 DESCRIBE HOW INJURY OCCURRED | | 65 DESCRIBE HOW INJURY OCCURRED | | 66 DESCRIBE HOW INJURY OCCURRED | | 67 DESCRIBE HOW INJURY OCCURRED | | 68 DESCRIBE HOW INJURY OCCURRED | |
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This is to certify that this is a true copy of the document on file in this office.

ATTEST:

MAR - 1 1983

R. C. Davison
COUNTY RECORDER
ALAMEDA COUNTY, CALIFORNIA

STATE OF OREGON: COUNTY OF KLAMATH ;ss

I hereby certify that the within instrument was received and filed for record on the 31st day of March A.D., 1983 at 8:45 o'clock AM and duly recorded in Vol. M83, of Deeds on page 4748

FEE \$4.00

EVELYN BIEHN COUNTY CLERK
by [Signature] Deputy