

CERTIFICATE OF DEATH STATE OF CALIFORNIA

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30047

DECEDENT
PERSONAL
DATA

STATE FILE NUMBER
1A. NAME OF DECEDENT—FIRST
CHRISTINA
1B. MIDDLE
R.
1C. LAST
ROBERTS
3. SEX
Female
4. RACE
White
5. ETHNICITY
Scotland
6. DATE OF BIRTH
April 24, 1901
7. AGE
81 YEARS
8. BIRTH NAME AND BIRTHPLACE OF MOTHER
Elizabeth Thompson Scotland
9. NAME AND BIRTHPLACE OF FATHER
Allen Reid Scotland
10. SOCIAL SECURITY NUMBER
366-24-0819
11. CITIZEN OF WHAT COUNTRY
U.S.A.
12. NUMBER OF YEARS THIS OCCUPATION
60
13. MARITAL STATUS
Widowed
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
Homemaking
15. PRIMARY OCCUPATION
Homemaker
16. EMPLOYER (IF SELF-EMPLOYED, SO STATE)
Own Home
17. KIND OF INDUSTRY OR BUSINESS
Homemaking
18. CITY OR TOWN
North Hollywood

USUAL
RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)
8250 Lankershim Blvd. #1
19B. CITY
Los Angeles
19C. STATE
California
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Robert Roberts - Son
8250 Lankershim Blvd. #1
North Hollywood, California 91605

PLACE
OF
DEATH

21A. PLACE OF DEATH
Valley Hospital
21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION)
14500 Sherman Circle
21C. CITY OR TOWN
VAN NUYS
21D. STATE
California

CAUSE
OF
DEATH

22. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE
(A) **Arteriosclerotic Cardiovascular Disease**
(B) **Fracture of Left Hip**
(C) **Open Reduction Internal Fixation**
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
Fracture of Left Hip
24. WAS DEATH REPORTED TO CORONER?
YES
25. WAS BIOPSY PERFORMED?
NO
26. WAS AUTOPSY PERFORMED?
NO
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?
YES
28. DATE SIGNED
4-12-83
29. PHYSICIAN'S LICENSE NUMBER
43-4964

INJURY
INFORMATION
CORONER'S
USE
ONLY

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE
Dr. Robert Roberts
28C. TYPE PHYSICIAN'S NAME AND ADDRESS
Dr. Robert Roberts
29. SPECIFY ACCIDENT, SUICIDE, ETC.
Accident
30. PLACE OF INJURY
Home
31. INJURY AT WORK
NO
32A. DATE OF INJURY—MONTH, DAY, YEAR
April 3, 1983
32B. HOUR
0910h.
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
8250 Lankershim Blvd. No. Hollywood
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
Fall to Floor
35. CORONER—SIGNATURE AND DEGREE OR TITLE
Dr. Robert Roberts
36. DATE SIGNED
4-19-83
37. DATE—MONTH, DAY, YEAR
4/19/83
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY
Chapel of the Pines
1605 So. Catalina St. Los Angeles, Ca.
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
NOT EMBALMED
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)
MEYER-MITCHELL MORTUARIES
41. LOCAL REGISTRAR—SIGNATURE
VS-11 (10-79) 4292
42. DATE ACCEPTED BY LOCAL REGISTRAR
APR 19 1983

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.

APR 21 1983



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Director of Health Services and Registrar

After recording, return to:
DL. Hoops
2261 S. 6th St.
Klamath Falls, OR 97601

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 October A.D., 1983 at 11:47 o'clock A.M.,
and duly recorded in Vol 1483, of Deeds on page 18728.

EVELYN BIEHN, COUNTY CLERK
by *Pam Smith* deputy

Fee \$ 4.00