

66179

HC 30157

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

| | | | | | | | | | |
|--|---|--|---|-------------------------------|--------------------------------------|---|---|--------------------------------------|---|
| STATE FILE NUMBER | | 1A. NAME OF DECEDENT—FIRST | | 1B. MIDDLE | 1C. LAST | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | | 2A. DATE OF DEATH (MONTH, DAY, YEAR) | 2B. HOUR |
| | | Rino | | | Mazzon | | | Mar. 27, 1986 | 0300 |
| DECEDENT PERSONAL DATA | 3. SEX | 4. RACE/ETHNICITY | 5. SPANISH/HISPANIC NO | 6. DATE OF BIRTH | | 7. AGE | IF UNDER 1 YEAR MONTHS | IF UNDER 1 YEAR DAYS | IF UNDER 24 HOURS HOURS MINUTES |
| | | Male | White/Italian | | January 16, 1892 | 94 | | | |
| | 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) | 9. NAME AND BIRTHPLACE OF FATHER | | | | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER | | | |
| | Italy | Antonio Mazzon - Italy | | | | Mary ----- Italy | | | |
| USUAL RESIDENCE | 11A. CITIZEN OF WHAT COUNTRY | 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE | 12. SOCIAL SECURITY NUMBER | | 13. MARITAL STATUS | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) | | | |
| | U.S.A. | 19-- TO 19-- | 700-09-7693 | | Married | Elizabeth DeMartin | | | |
| | 15. PRIMARY OCCUPATION | 16. NUMBER OF YEARS THIS OCCUPATION | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) | | 18. KIND OF INDUSTRY OR BUSINESS | | | | |
| | Track Walker | 30 | Southern Pacific Co. | | Railroad | | | | |
| PLACE OF DEATH | 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) | | | | 19B. | 19C. CITY OR TOWN | | | |
| | 5830 "O" St. | | | | | Sacramento | | | |
| CAUSE OF DEATH | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP | 21. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP | | | | | | | |
| | Elsa M. Luchini, Daughter | | | | | | | | |
| | 5830 "O" St. | | | | | | | | |
| | Sacramento, CA | | | | | | | | |
| PHYSICIAN'S CERTIFICA- TION | 22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE | | 23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A | | | | | | 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION |
| | (A) <i>Sepsis</i> | | | | | | | | |
| | (B) <i>days</i> | | | | | | | | |
| | (C) <i>Anemia - 20 to blood loss</i> | | | | | | | | |
| INJURY INFORMA- TION | 24. WAS DEATH REPORTED TO CORONER? | 25. WASopsy PERFORMED? | | | | | | | |
| | No | No | | | | | | | |
| | 26. WAS AUTOPSY PERFORMED? | | 28. PHYSICIAN'S LICENSE NUMBER | | | | | | |
| | No | O.G. 5393 | | | | | | | |
| CORONER'S USE ONLY | 29. SPECIFY ACCIDENT, SUICIDE, ETC. | 30. PLACE OF INJURY | | 31. INJURY AT WORK | | 32A. 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) | | | | | | |
| | | | | | | | | | |
| STATE REGISTRAR | 35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE MADE AN INQUIRY- INVESTIGATION | | 35B. CORONER—SIGNATURE AND DEGREE OR TITLE | | 35C. DATE SIGNED | | 36. EXAMINER'S LICENSE NUMBER AND SIGNATURE | | |
| | | | | | | | 5994 | | |
| | 37. DATE—MONTH, DAY, YEAR | | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY | | 39. DATE ACCEPTED BY LOCAL REGISTRAR | | 40. FEE | | |
| | 4-1-86 | | St. Mary's Cemetery, Sacramento, CA | | MAR 31 1986 | | | | |
| 40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | | 40B. LICENSE NO. | | 41. LOCAL REGISTRAR—SIGNATURE | | 42. DATE ACCEPTED BY LOCAL REGISTRAR | | | |
| A.J. Nicoletti Funeral Home | | F 355 | | Paul F. Ham Mo. | | | | | |

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE SACRAMENTO
COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE
IN THE VITAL STATISTICS SECTION, SACRAMENTO COUNTY DEPARTMENT
OF HEALTH, SACRAMENTO, CALIFORNIA.

REGISTRAR

DEPUTY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 19th day
of September A.D., 19 86 at 3:26 o'clock P. M., and duly recorded in Vol. 186
of _____ Deeds on Page 16987

FEE \$5.00

Evelyn Biehn, County Clerk
By *Paul F. Ham Mo.*