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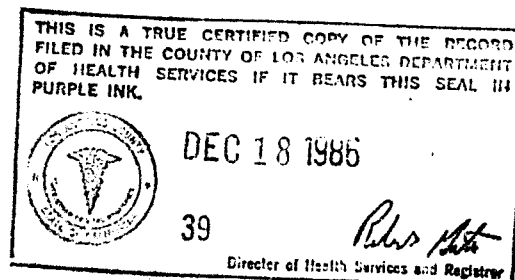
MTC-1396-931

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

38619055788

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		Claude		A.		Ward		2A. DATE OF DEATH (MONTH, DAY, YEAR) 1520			
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH		7. AGE		8. MONTHS	
Male		White		NO		August 8, 1895		91		YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. A. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
North Dakota		Unknown Ward - Unknown		Marilla Ann Horton-Michigan		U.S.A. 19 -- TO 19 --		573-30-1652		Widowed	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS		19. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Detective		29 yrs.		City of San Fernando		Police Department		Sylmar		William Ward - Son	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. COUNTY		19C. STATE		21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
12245 San Fernando Road		Los Angeles		California		Holy Cross Hospital		Los Angeles		15031 Pinalist St.	
21D. CITY OR TOWN		21E. STATE		21F. COUNTY		21G. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21H. CITY OR TOWN		21I. STATE	
Mission Hills		California		Los Angeles		15031 Pinalist St.		Mission Hills		California	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?		25. WASopsy PERFORMED?		26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	
(A) <u>Arteriosclerotic Cardiovascular Disease</u>		None		NO		NO		NO		NO	
(B) <u>Dissection</u>											
(C) <u>Other</u>											
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)									
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)		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 (INVESTIGATION)	
										35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
										35C. DATE SIGNED	
										36. DISPOSITION	
										37. DATE—MONTH, DAY, YEAR	
										38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
										39. ENBALMER'S LICENSE NUMBER AND SIGNATURE	
										40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	
										40B. LICENSE NO.	
										41. LOCAL REGISTRAR—SIGNATURE	
										42. DATE ACCEPTED BY LOCAL REGISTRAR	
										NOV 03 1986	
STATE REGISTRAR		A.		B.		C.		D.		E.	
VS-11 (1-85)		429.2									

Robert & Jewel Ward
221 Mud Run Rd
Crescent City, CA 95531



STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the _____ day
of _____ January A.D., 19 87 at 3:17 o'clock P M., and duly recorded in Vol. M87
of _____ Deeds on Page 158

FEE \$5.00

Evelyn Biehn, County Clerk
By _____