84623

This is certified to be a correct copy of the original record if it bears the seal, imprinted in purple ink, the date of issuance and an original signature.

SEP 25 1987

RONALD J. AZEVEDO, Recorder
Solano County, California
By Hartley Deputy

RECEIVED SEP 29 1987

03361

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88 FEB 22 PM 3 52

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

4107 6 Sol

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

1a NAME OF DECEASED - FIRST NAME: Mary	1b MIDDLE NAME: G.	1c LAST NAME: Conway	2a DATE OF DEATH: July 14, 1975	2b HOUR: 12:40 A.M.	
3 SEX: Female	4 COLOR OR RACE: White	5 BIRTHPLACE (STATE OR FOREIGN COUNTRY): California	6 DATE OF BIRTH: Sept 17, 1924	7 AGE: 50 YEARS	UNDER 1 YEAR / UNDER 24 HOURS
8 NAME AND BIRTHPLACE OF FATHER: Earl Neely — Illinois		9 MAIDEN NAME AND BIRTHPLACE OF MOTHER: Grace Cantile — Michigan			
10 CITIZEN OF WHAT COUNTRY: U.S.A.	11 SOCIAL SECURITY NUMBER	12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	13 NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Thomas Conway		
14 LAST OCCUPATION: Nurse	15 KIND OF BUSINESS/INDUSTRY: 15	16 NAME OF LAST EMPLOYING COMPANY OR FIRM: U.S. Covernant	17 KIND OF INDUSTRY OR BUSINESS: Benicia Arsnal		
18a PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION: Broadway Hospital		18b STREET ADDRESS: 525 Oregon Street	18c INSIDE CITY LIMITS: Yes		
18d CITY OR TOWN: Vallejo		18e COUNTY: Solano	18f LENGTH OF STAY IN COUNTY: 42 YEARS	18g LENGTH OF STAY IN STATE: Life YEARS	
19a USUAL RESIDENCE—STREET ADDRESS: 551 East N Street		19b INSIDE CITY LIMITS: Yes	20 NAME AND MAILING ADDRESS OF INFORMANT: Thomas Conway 551 East N Street Benicia Ca.		
19c CITY OR TOWN: Benicia	19d COUNTY: Solano	19e STATE: California			
21a CORONER	21b PHYSICIAN	21c SIGNATURE OF CORONER: [signature] MD	21d DATE SIGNED: 7-15-75		
	19 65 7-14 75 7-14-75	21e ADDRESS: 1617 Broadway Vallejo, Ca.	21f LICENSE NUMBER: A09097		
22a DISPOSITION: Burial	22b DATE	23 NAME OF CEMETERY OR CREMATORY: St Vincents Cemetery	24 EMBALMER—SIGNATURE: [signature]	24a LICENSE NUMBER: 3893	
25 NAME OF FUNERAL DIRECTOR: Pasalacqua Funeral Chapel	26	27 LOCAL REGISTRAR: [signature]	27a DATE: JUL 15 1975		

CAUSE OF DEATH

29 PART I. DEATH WAS CAUSED BY — ENTER ONLY ONE CAUSE PER LINE FOR a, b AND c.

(a) Cerebral Vascular Accident — APPROX. INTERVAL BETWEEN ONSET AND DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

(b) DUE TO OR AS A CONSEQUENCE OF

(c) DUE TO OR AS A CONSEQUENCE OF

30 PART II. OTHER SIGNIFICANT CONDITIONS: Multiple Sclerosis — 31 — 32 15 — 32a

INJURY INFORMATION

33 SPECIFY ACCIDENT/SUICIDE/HOMICIDE — 34 PLACE OF INJURY — 35 WORK RELATED — 36a DATE OF INJURY — 36b HOUR

37a PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) — 37b DISTANCE FROM HOME IF ASKED FOR HOMICIDE — 38 — 39

40 DESCRIBE HOW INJURY OCCURRED

STATE REGISTRAR — A — B — C — D — E

Return To
Crane & Bailey
296 Main
Klamath Falls, Or. 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Crane & Bailey, Attorneys the 23rd day of February A.D., 19 88 at 3:52 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 2601.

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]