

K-40252
CERTIFICATE OF DEATH
 STATE OF CALIFORNIA

6097

2282

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST WALLACE		1B. MIDDLE JULIAN	
1C. LAST HILL		2A. DATE OF DEATH (MONTH DAY YEAR) April 4, 1983	
2B. HOUR 2125			
3. SEX Male	4. RACE/ETHNICITY White/English	5. SPANISH/HISPANIC ☒ NO	6. DATE OF BIRTH September 11, 1906
7. AGE 76 YEARS		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Texas	
9. NAME AND BIRTHPLACE OF FATHER William Hill, Texas		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Lilly M. Wallace, Texas	
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 565-01-8115	
13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) La Vaughan Drake	
15. PRIMARY OCCUPATION Maintenance Supervisor		16. NUMBER OF YEARS THIS OCCUPATION 39	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Cutter Laboratory		18. KIND OF INDUSTRY OR BUSINESS Bio-Chemicals	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1652 Marin Avenue		19B. CITY OR TOWN Albany	
19C. COUNTY Alameda		19D. STATE Ca.	
20. NAME AND ADDRESS OF INFORMANT La Vaughan Hill, Wife		21. CITY OR TOWN Albany, Ca. 94707	
22. PLACE OF DEATH Kaiser Foundation Hospital		23. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 280 West Mac Arthur Blvd.	
24. CITY OR TOWN Oakland		25. STATE Ca.	
26. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <i>Pneumonia</i> 2 weeks (B) <i>urinary tract infection</i> 2 weeks (C) <i>acute bronchospastic disease</i> 2 weeks 27. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <i>senile dementia, congestive heart failure</i>			
28. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 28A. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 3/20/83 28B. I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 4/4/83 28C. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Stanton T. Sui MD 28D. DATE SIGNED 4/6/83 28E. PHYSICIAN'S LICENSE NUMBER G45787			
29. SPECIFY ACCIDENT, SUICIDE, ETC. no			
30. PLACE OF INJURY 280 West Mac Arthur Blvd., Oakland, Ca.			
31. INJURY AT WORK no			
32. DATE OF INJURY—MONTH DAY YEAR 4/6/83			
33. LOCATION (STREET AND NUMBER OF LOCATION AND CITY OR TOWN) 280 West Mac Arthur Blvd., Oakland, Ca.			
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) no			
35. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION) no			
36. CORONER—SIGNATURE AND DEGREE OR TITLE no			
37. DATE SIGNED 4/8/83			
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Pleasant Hill Cemetery, Sebastopol, Ca.			
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE NOT EMBALMED			
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Ellis-Olson Mortuary			
41. LICENSE NO. 634			
42. LOCAL REGISTRAR—SIGNATURE C. L. Smith			
43. DATE ACCEPTED BY LOCAL REGISTRAR APR 7 1983			
STATE REGISTRY A. B. C. D. E. F.			

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA

Return to: William A. Norman
 1950 Addison St, Suite 200
 Berkeley, Ca. 94704

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY: C. L. Smith DEPUTY

DATE: **MAY 26 1983**

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 18th day of Nov. A.D., 1988 at 2:24 o'clock P.M., and duly recorded in Vol. M88 of Deeds on Page 19633

FEE \$8.00

Evelyn Biehn - County Clerk

By Pauline Muller