| ,                                     |  |   |                              | CERT            | !FICA     | TE OF             | = DE  | ATH                                    | <u>.</u>                     | 3-87-01         |   | 187   | 5               |  |
|---------------------------------------|--|---|------------------------------|-----------------|-----------|-------------------|---|--|------------------------------|-----------------|---|---|-----------------|--|
|                                       | STATE FILE NUMBE   | R   |                              | S               | TATE C    | F CALIFO          | ORNIA   |  |                              | 2A. DATE C      | F DEATH (   | T AND CERTIFICATION TEAR                          | ) 12B. HOUR     |  |
|                                       | TATE FILE NUMBER  1A. NAME OF DECEDENT—FIRST   1B. MIDDLE  FREDERICK LOUIS   |   |                              |                 |           | MARSHMAN          |   |  | MARCH<br>7. AGE              | 15, 1           | 1 YEAR IF UND   | 1120<br>ER 24 HOURS                               |                 |  |
| DECEDENT<br>PERSONAL<br>DATA          | 3. SEX 4. RACE/ETHNICITY 5. SPANISH/HISI   |   |                              |                 | HISPANIC  | l l               |   |  |                              | 73              | MONTHS  | DAYS HOUR   | S MINUTES       |  |
|                                       | MALE WHITE/AMERICAN  B. BIRTHPLAGE OF DECEDENT 9. NAME AND BIRTHPLAGE OF   |   |                              |                 |           | JULY 19, 1913     |   |  |                              | 10. BIRTH N     | IAME AND BI   | RTHPLACE OF MO                                    |                 |  |
|                                       | MASSACHU   | MASSACHUSETTS FREDERICK S   |                              |                 |           |                   | . MARSHMAN-RHODE ISLAND SOCIAL SECURITY NUMBER 13. MARITAL STATUS |  |                              |                 | MARY LUND - MASSACHUSETTS  14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) |   |                 |  |
|                                       | 11A. CITIZEN CF<br>WHAT COUNTRY  | пса 1 1942 то 1942.   |                              |                 |           |                   | 546-03-9289 MARRIED   |  |                              |                 | CLARA E. BROWN  1B. KIND OF INDUSTRY OR BUSINESS                                    |   |                 |  |
|                                       | 15. PRIMARY OCCUPA   |   | 16. NUMBE<br>THIS OCCU       | R OF YEARS      | 17. EM    | PLOYER (IF SE     | ELF-EMPLO   |  |                              | Ì               |   | IVIL SER  | VICE            |  |
|                                       | RETIRED  | CE STREET A   | 15<br>DDRESS (STE            | EET AND NUM     | NAVE      | L SUPP            | LI CI   | ENTER                                  | Orichia                      | 19C. CITY       |   |   | 1. 1. 1.        |  |
| USUAL<br>RESIDENCE                    | 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OF 17293 VIA FRANCES  |   |                              |                 |           |                   |   |  |                              | SAN             | SAN LORENZO  ND ADJRESS OF INFORMANT—RELATIONSHIP                                   |   |                 |  |
|                                       | 19D. COUNTY  |   |                              |                 |           | ac. sivia         |   |  |                              |                 | MARSHMAN- SPOUSE  |   |                 |  |
|                                       | ALAMEDA  |   |                              |                 |           | 18. COUNTY 17293  |   |  |                              | VIA FRANCES     |   |   |                 |  |
| PLACE                                 | RESTDENCE  |   |                              |                 |           |                   |   |  |                              | ORENZO,         | CA. 9   | 4580  | , T             |  |
| OF<br>DEATH                           | 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)  |   |                              |                 |           | SAN LORENZO       |   |  |                              |                 |   |   |                 |  |
|                                       | 17293 1  | E CAUSE   | SE PER LINE FOR A. B. AND CI |                 |           |                   | مدن   | APPROXI-                               | 24. WAS DEATH<br>TO CORONER? | REPORTED        |   |   |                 |  |
| CAUSE                                 | IMMEDIATE CAUS   | E   | neur                         | nonia           |           |                   |   |  | 4                            | weeks.          | MATE  | 25. WAS BIOPSY                                    | PERFORMED?      |  |
|                                       |  | CONDITIONS, IF ANY, WHICH GAVE RISE TO  (A) PREJMONICA  DUE TO, OR AS A CONSEQUENCE OF  |                              |                 |           |                   |   |  |                              | year            | BETWEEN   | yes Apri  | 11987           |  |
| OF<br>DEATH                           | THE IMMEDIATE CAU  | THE IMMEDIATE CAUSE.  STATING THE UNDER- DUE TO, OR AS A CONSEQUENCE OF   |                              |                 |           |                   | 4 (18 4)  |  |                              |                 | AND<br>DEATH  | 26. WAS AUTOP                                     | SY PERFORMED?   |  |
|                                       | LYING CAUSE LAST.  (C)  23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GR   |   |                              |                 |           |                   |   |  | 27. WAS 0                    | PERATION PERF   | ORMED FOR   |   | (TEMS 22 OR     |  |
|                                       | 23. OTHER SIGNIFIC   | ANT CONDITION   | S-CONTRI                     | SUTING TO DE    | ATH BUT N | OT RELATED        | to CAUS!<br>-earl   | , GIVEN                                | 237 TYPE                     | OF OPERATION    |   | A OCI I   | 986             |  |
|                                       | Chronic Chifful Politican and account of the 128C, Date Signed 128D, Physician's Licens  |   |                              |                 |           |                   |   |  |                              |                 |   | / C 3   |                 |  |
| PHYSI-<br>CIAN'S<br>CERTIFICA<br>TION | HOUR, DATE AND   | PLACE STATED  | ST SAW DE                    | CEDENT ALIVE    | 1005 77   | PE PHYSICIA       | W/  | ME AND                                 | ADDRESS                      | · i · ·         |   | A 013   | <del></del>     |  |
|                                       | 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR. DATE AND DECRET ALIVE LOUIS DECRET OF THAT DEATH OCCURRED AT THE HOUR. DATE AND PLACE STATED FROM THE CAUSES STATED. I LAST SAW DECEDENT ALIVE LOUIS NAME AND ADDRESS LOUIS NAME AND ADDRESS LOUIS NAME AND ADDRESS STATED. STATED. I LAST SAW DECEDENT ALIVE LOUIS NAME AND ADDRESS ST FREMONT, CA.  FC 5-1-1-6, (987   March 4, (977 DR. WELLS - M.D. 38719 STIVERS ST FREMONT, CA.  29. SPECIFY ACCIDENT, SUICIDE, ETG. 30. PLACE OF INJURY |   |                              |                 |           |                   |   |  |                              |                 |   | · ·   |                 |  |
|                                       | 29. SPECIFY ACCIDI   | ENT, SUICIDE, ETC   | 3                            | D. PLACE OF IN. | JURY      |                   | 3   | ארינאו . ו                             | AT WORK                      | 32A. DATE OF II | чликү—нон   | TH, DAY, YEAR                                     | B. HOCK         |  |
| YSULNI                                |  |   |                              | TON AND CITY    | OR TOWN)  | 34.               | DESCRI  | BE HOW I                               | OSO VANTNI                   | URRED IEVEN     | TS WHICH RES  | ULTED IN INJURY)                                  |                 |  |
| INFORMA-<br>TION                      | 33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)  34. DESCRIBE HOW INJURY OCCUPABLE EVENTS WHICH SERVICE COLUMN 1 35C. DATE SIGNED  |   |                              |                 |           |                   |   |  |                              |                 |   |   |                 |  |
| CORONER'<br>USE                       | 35A. I CERTIFY TO  | 35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR. DATE AND PLACE STATED FROM 35B. CORONER—SIGNATURE AND DEGREE OF THE STATE |                              |                 |           |                   |   |  |                              |                 |   |   |                 |  |
| ONLY                                  | CO. NAME AND ADDRESS OF  |   |                              |                 |           |                   |   |  |                              | 39.             | EMBALMER'S  | LICENSE NUMBER A                                  | NO SIGNATURE    |  |
| 36. DISPO                             | TTON MARCH   | TON WARCH 17 1987   |                              |                 | THE       | CHIMES-32992 MISS |   |  | SSION E                      | BLVD.           | NOT E   | OT EMBALMED  42. DATE ACCEPTED BY LOCAL REGISTRAR |                 |  |
| CREMA                                 | OF FUNERAL DIRECTOR  | OR PERSON ACTI  | NG AS SUCH)                  | 40B. LICEN      | SE NO.    | 41. LOCA          | L REGIST  | RAR—SI                                 | GNATURE                      | -111            |   | MAR 1 6 1987                                      |                 |  |
| CHAPEL C                              | F THE CHIME  | S- HAYWA  | RD                           | 1240            | C.        |                   |   | 5.                                     |                              | E.              |   | . F.  |                 |  |
| STATE<br>REGISTR                      |  |   |                              |                 |           |                   | •   |  |                              |                 |   |   |                 |  |
| VS-11 (1-85                           |  |   |                              |                 |           |                   | . :   |  | 0 =                          | W               |   |   | *               |  |
|                                       | THIS IS  | TO CERT   | IFY TH                       | AT IF BE        | ARING     | THE SE            | AL O  | FTHE                                   | ALAME                        | DA COUN         | TY HEA  | LTH CARE  |                 |  |
|                                       | SERVIC   | ES AGEN   | CY, THI                      | S IS A TE       | RUE CO    | PY OF             | A REC   | ORD C                                  | N FILE                       | IN THE          | /ITAL R   | EGISTRATI   | UN 4            |  |
|                                       | SECTIO   | N, ALAME  | EDA CO                       | UNTY PU         | BLICH     | HEALTH            | SERV  | ICE,                                   | AKL AN                       | D, CALIF        | ORNIA.  |   |                 |  |
| *                                     |  | •   |                              |                 |           |                   |   |  |                              | D., LOCAL       | * :   | AR  | . 7             |  |
|                                       |  |   |                              |                 |           |                   | , 0   | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |                              | 11              |   |   |                 |  |
|                                       |  |   |                              |                 |           |                   | . E   | <b>. €</b><br>39:                      | amen of                      | A Comment       | All   | DEPUT   | Y ele i         |  |
|                                       |  |   |                              |                 |           | •                 | 4   |  | MAD                          | 1519            | <b>Q</b>  | 4   |                 |  |
|                                       |  |   |                              |                 |           |                   | C   | STAC                                   | - teruit                     | - 4 14          |   |   |                 |  |
| •                                     |  |   |                              |                 |           |                   |   |  |                              |                 |   | - T   |                 |  |
|                                       |  |   |                              |                 |           |                   |   |  |                              |                 |   |   |                 |  |
| STA                                   | ATE OF OREGO   | N: COUN   | TY OF I                      |                 |           |                   |   |  |                              |                 |   | 20+1-   | مام             |  |
| Eil                                   | ed for record at   | request of  |                              | Je              | ff Pe     | terson            |   |  | 2.4                          | i duly reco     |   | <u>20th</u><br>Wol. <u>M8</u> 9                   | day             |  |
| of .                                  | M  | :h  | 4.1)., 19                    | _89 at          | 10<br>eds | :23 (             | oclock  | A.<br>on F                             | _ivi., and<br>Page46         | duly reco       |   |   |                 |  |
|                                       |  | of  |                              | ne              | <u> </u>  |                   | Eve   | Jarn I                                 | Richn                        | Cou             | nty Clerk   | Lucia   |                 |  |
| FF                                    | E \$8.00   |   |                              |                 |           |                   | 1   | Ву                                     | ب مدر                        | Circ 4          | iuzi eta  | - N-1 E-15  | 54              |  |
| R                                     | eturn: Jeff  | Peterso   | n<br>mode                    | Ca G            | 4501      |                   |   |  |                              |                 |   |   |                 |  |
| - 5                                   | 59 Lincoln   | Ave.,Ala  | meua,                        | ua.             |           |                   |   |  |                              |                 |   |   | AND DESCRIPTION |  |