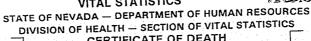


## CYPANDE OF MEAVANDAN

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS



|   | LOCAL FILE NUMBER  |  | Last   | DATE OF DEATH  | Month, Day, Year)                              | 1000   | NTY OF DEATH   |
|---|--|--|--|--|--|--|--|
| NT /  | DECEASED-NAME First  | Middle   | DECAMP   | 2 May 5,   |  | 3a.  | Douglas  |
|   | Barbara  | Elizabeth  | STITUTION—Name (If not either, gr  | ive street and number!   | NSIDE CITY LIMITS<br>Specify Yes or Not        | If Hosp, or Inst<br>Rm. Inpatient (  | indicate DOA, OP/Emer<br>Specify)  |
| NK (  | CITY, TOWN, OR LOCATION OF DEATH   |  |  | The second second  | yes _  | Зе   |  |
|   | BACE-10.5. White, Black, American  | 3c   1409B K1  | AGE-LIST UNDER 1   | YEAR UNDER 1 DA  | is .   |  | SEX  |
| ì   | indian, etc) (Specify)   | 45 American  | Birthday (Years) MOS : I   | 5c -   | 16 Tag 7 7                                     | , 1920   | 7 Femal  |
|   | White STATE OF BIRTH   | CITIZEN OF WHAT COUNTRY  | MARRIED, NEVER MAI   | RRIED. SURVIV  | ING SPOUSE (If wife, gr                        | re maiden name)  | WAS DECEDENT EVER II<br>U.S. ARMED FORCES?<br>VSpecify Yes or No!  |
| 88  | (If not U.S.A., name country)  | u.S.A.   | (Specify) Wido   | owed <u>11</u>   | ESS OR INDUSTRY                                |  | 12 <u>10</u>   |
| NEM<br>NOS  | 8 California SOCIAL SECURITY NUMBER  | USUAL OCCUPATION (Give &<br>Working Life, Even if Retired)   | Cind of Work Done During Most of   | KIND OF BUSI   | RESS ON INDUSTRY                               |  |  |
|   | 13. 548-28-3217  | 14a. Homemak   | er .   | 145.Own I  | IOTIE  |  | INSIDE CITY LIMITS   |
|   | RESIDENCE-STATE COUN   | NTY  | CITY, TOWN, OR LOCATION  |  |  | .1   | (Specify Yes or No)  |
| <b>-&gt;</b> -[   | Nevada 156   | Douglas  | 15c Gardnervil   | le 15d .   | <u> 1409B Kimme</u>                            | Middle   | Last   |
| _>  | FATHER-NAME PIRST  | Midale   | <b>-</b>   | 100  | Carr   | trude  | O'Brien_   |
|   | John John  | William  | Green 17 MAILING ADDRESS   | Lena<br>(Street or   | R.F.D. No., City or Tow                        | n, State, Zip)   |  |
| T   | INFORMANT-NAME IT pe or Printi   |  |  | x 423, Gard  | nerville                                       | Nevada   | 89410  |
|   | 12a Sharyn Jones   | CEMETERY   | OR CREMATORY-NAME  |  | LOCATION                                       | GALLY GALL   | State  |
|   | BURIAL CREMATION, REMOVAL OTH  | TEN (Specify)  | - T Mortu  | arv-Cynress  | 19c.   | Cypres   | s Califo   |
| non   | 192. Removal/Burial RANGRAL DRECTOR—SGNATURE TO:   | 195. FOI   | rest Lawn Mortu  | itzHenry's I   | uneral Hon                                     | ne and (   | Crematory  |
|   | FUNERAL DIRECTOR—SIGNATURE FOI P   | Trail and  | T-dmonds D   | rive Carson  | City, Ne                                       | rada 89  | 701  |
|   | 200 > Consultation of the knowledge  | ce, death occurred at the time, da   | 33 N. Edmonds Di   | 22a On the basing at the time.   | of examination and/o<br>date and place and due | r investigation, if<br>to the cause(s)   | r my opinion death occur<br>stated   |
|   | Z due to the causets! stated.  | CA 1 1 1.  | Escept ME  | S Signature and I  |  | Tuare es es  | (1911) (1911) (1914)<br>(1914)   |
|   | ISignature and Title:  DATE SIGNED (Mo. Day. Y.  | (r) HOUR OF DEA  |  | DATE SIGNED IN   | fo. Day. Yr J                                  | HOUR OF DEA  |  |
|   | due to the causets stated.  Sugnature and Tute:  DATE SIGNED (Mo. Day, Y  21b. May 6, 1  NAME OF ATTENDING PH  |  | 9:30 A.M.  | 9 g 22b.   |  | 22c.   | D DEAD (Parel  |
| 13133   | NAME OF ATTENDING PH   | YSICIAN IF OTHER THAN CERTIF   |  | PRONOUNCED   | DEAD (Mo_ Day, Yr.)                            | PRONOUNCE  | D DEAD (Hour)  |
|   | 25   |  |  | 22d. ON  |  | 22e. AT  |  |
| 1   | 21d.<br>NAME AND ADDRESS OF  | CERTIFIER (PHYSICIAN, MEDICA   | L EXAMINER OR CORONER) (Type   | or Print)  | C C  | ity No   | vada 89703   |
|   | Edmond I   | Pierczynski,   |  | Vada Street  | , Carson C                                     | COMMUNICABL  | E DISEASE  |
|   | I REGISTRAR  |  | DATE RECEIVED  | BY REGISTRAN IMO. Day  | 7  | <b>~</b>   |  |
| ITIONS<br>ANY   |  | Krypus Dy  | 1 1 /24b -1// a  | 46,1958  | 24c. YES □                                     |  | val between onset and d  |
| I GAVE  | 24a (Signature) / 1 / 1 / 1 / 1 / 25 :IMMEDIATE CAUSE (ENTE  | R ONLY ONE CAUSE PER LINE FE   |  | 1 -  | 1.5  |  |  |
| E TO<br>DIATE   | 25 IMMEDIATE CAUSE CAUSE   |  | the first of the control of the cont |  |  |  |  |
| ISF   |  | , , ,  | and the  | 480 (1.2 <u>% 4.4.2.2.4</u>  |  |  | en medele  |
| ISE<br>IG THE   |  | SEQUENCE OF  | is present   |  |  | • Inter  | vai between onset and de   |
| ISE<br>IG THE   | PART (a) Jevel   | SEQUENCE OF  | rosic faute  | . Alcoholism   | , HOP. C                                       | Inter  | vai between onset and de<br>2 ~ 3 mos  |
| JSE<br>IG THE<br>ILYING<br>E LAST   |  | Anemin ab  | y prosect  | Alcoholica   | , HOP. C                                       | Inter  | val between onset and de   |
| ISE<br>IG THE   | PART (a) DUE TO. GR AS A CON  (b) DUE TO. OR AS A CON  | Asseming the   | rosic faute  |  |  | H-4  | val between onset and di   |
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| SE OF   | PART (a)  DUE TO. OR AS A CON  (b)  DUE TO. OR AS A CON  (c)  OTHER SIGNIFICANT CON  ACC. SUCCEE HOM. UNDET.  OR PENDING INVEST  (Specify 283  INJURY AT V.ORK  (Secify Yes or No)  286.   | NSEQUENCE OF  NOTIONS—Conditions contributing  ATE OF INJURY /Mo. Day, Yr / Hi  Bb. 21  PLACE OF INJURY—At home, larm building, etc. //  281.  | g to death but not related to cause OUR OF INJURY DESCRIE BC. M 28d. Specify 28g.  | GIVEN IN PART 1 (a) SE HOW INJURY OCCURR ON. STREET  | AUTOPSY 126. NO                                | Inter  (Specify WAS (es or No)) CORO (27.  | val between onset and de 2 - 7 mood val between onset and de 2 - 7 mood val between onset and de 2 - 7 mood val between onset and de 2 mood val between onset  |
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