

3-85-41- 003645

STATE OF CALIFORNIA			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
Mattie		B.		Hogue	
3. SEX		4. RACE/ETHNICITY		5. DATE OF BIRTH	
Female		CAUCASIAN		6-13-99	
6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
IN		GEORGE BOLES-IN.		FLORA LANG-IN.	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.		12. SOCIAL SECURITY NUMBER	
U.S.A.		19 -- TO 19 --		554-03-2966	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OF SELF-EMPLOYED, SO STATE	
BOOKKEEPER		30		LACHMAN BROS.	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN	
1032 Riverton Drive		609100		San Carlos	
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
San Mateo		California		JOHN C. HOGUE-SON	
21A. PLACE OF DEATH		21B. COUNTY		1032 RIVERTON DR.	
Sequoia Hospital		San Mateo		SAN CARLOS, CA.	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		94070	
Whipple and Alameda		Redwood City			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(A) Intracerebral hemorrhage		yes	
		(B) atherosclerosis		25. WAS SHOPEY PERFORMED?	
		(C)		no	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		DATE	
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	
10/22/85		Adil K. Jadallah, M.D., 877 Ralston Ave., Belmont, CA		10/24/85	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
				32A. DATE OF INJURY—MONTH, DAY, YEAR	
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 (INQUEST-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	
BURIAL		OCT. 25, 1985		MISSION CITY MEM.PK.-SANTA CLARA,CA.	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE	
SANTA CLARA FUNERAL HOME		745		Jm Budie, M.D.	
42. DATE ACCEPTED BY LOCAL REGISTRAR		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			
OCT 25 1985		#5297 Timothy Abbey			

**SAN MATEO COUNTY
DEPARTMENT OF HEALTH SERVICES
225-37TH AVENUE SAN MATEO, CALIFORNIA**

THIS IS TO CERTIFY THAT, IF BEARING THE DEPARTMENT SEAL,
THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

J. M. Bodie, M.D.
J. M. BODIE, M.D.
HEALTH OFFICER AND REGISTRAR

DATE: October 30, 1985

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of John Hogue the 17th day
of Aug. A.D., 19 90 at 11:56 o'clock AM., and duly recorded in Vol. M90,
of Deeds on Page 16556.

FEE \$8.00
Return: John Hogue
4678 Paloma Ave., San Jose, Ca. 95111

Evelyn Biehn, County Clerk
By Pauline Mueller