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Burial AOA. NAME OF PUN EAST L STATE A.	INJURY INFORMA- TION CORONER'S USE ONLY	PHYSI- CIAN'S CERTIFICA- TION	CAUSE OF DEATH	PLACE OF DEATH	USUAL RESIDENCE	DECEDENT PERSONAL DATA	
3-29-1 ERAL DIRECTOR (OR P. A WN MOR	B COHONER - SIG	CURRED AT THE 128B PHYSICIAN SIGNATURE AND PAGRET OR THE COURTS OF THE C	A COMBROURNER OF A COMBROURNE	River Hospital RESS (STREET AND NUMBER OR LOC - 1210. CITY OR TOWN RESS (STREET AND NUMBER OR LOC - 1210. CITY OR TOWN CALMINET BY: (A) RESPIRATORY (B) RESPIRATORY (CALMINET AND CITY OR TOWN (CAL	190. USUAL RESIDENCE—STREET ADDRESS ISTREET AND MURBER OF LOCATION 190. 190. COUNTY 190. COUNTY 190. COUNTY 20. NAME AND AFFORES 210. PLACE OF DEATH 1218. COUNTY 218. COUNTY 218. COUNTY 218. COUNTY	WAS EVEN US OF FATHER 12. SOCIAL SECURITY 13. OF SERVICE SCUPEN OF FATHER 14. OF SERVICE SCUPEN OF SECURITY 15. OF SERVICE SCUPEN OF SERVICE SCUPEN OF SERVICE SCUPEN OF SERVICE OF SERVI	ERTIFICATE OF DEATH STATE OF CALIFORNIA 11C. UST POPEJOY FAMISHAMISPANIC 6. DATE OF BIRTH
5908 LEMM SOLE BISES ALL MARS 2 8 1986	ARE ON		N Š	Ca 9	North Highlands North Highlands North Highlands Reatmose Floyd and Anna Popejoy, Parents	L. Sarrels, O. I. or surviving spousi	OCAL REGISTRATION DISTRICT AND CEMPERCATE MARKET 2A. DATE OF DEATH MONTH, DAY, YEAR 228. HOUR March 26, 1986 7. AGE MONTH DAYS HOURS 24 HOUR MONTHS DAYS HOURS I MANTEU