

CERTIFICATION OF VITAL RECORD

91 JAN 7 PM 2 27
COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

Vol. m91 Page 315

24413

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

49-000654

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) Edward		2A. DATE OF DEATH—MO. DAY, YR. March 13, 1990	
1B. MIDDLE Dwyer		2B. HOUR 0620	
1C. LAST (FAMILY) Carroll		3. SEX Male	
4. RACE White		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. DATE OF BIRTH—MO. DAY, YR. March 5, 1910		7. AGE IN YEARS 80	
8. STATE OF BIRTH MT		9. CITIZEN OF WHAT COUNTRY USA	
10A. FULL NAME OF FATHER Hugh S. Carroll		10B. STATE OF BIRTH CA	
11A. FULL MAIDEN NAME OF MOTHER Katherine Dwyer		11B. STATE OF BIRTH NB	
12. MILITARY SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 559 56 7988	
14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Margaret M. Murphy	
16A. USUAL OCCUPATION Physician&Surgeon		16B. USUAL KIND OF BUSINESS OR INDUSTRY Medicine	
17. EDUCATION—YEARS COMPLETED 24		18. ZIP CODE 95409	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 301 White Oak Drive #131		18B. CITY Santa Rosa	
18C. COUNTY Sonoma		18D. STATE OR FOREIGN COUNTRY California	
19A. PLACE OF DEATH Montgomery Conval.Hospt.		19B. IF HOSPITAL SPECIFY ONE: IP, ER/OP, DOA -	
19C. CITY Sonoma		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Margaret M. Carroll - Wife 301 White Oak Drive#131 Santa Rosa, CA 95409	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Aspiration pneumonia DUE TO (B) Severe Parkinsonism DUE TO (C) -		22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Malnutrition		24. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Karen L. Leider, MD-525 Doyle Park Dr.-Santa Rosa, CA		26. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
27A. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN Karen Leider MD		27B. PHYSICIAN'S LICENSE NUMBER G053054	
27C. DATE SIGNED 3/14/90		28. DATE SIGNED 3/14/90	
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER -		28B. DATE SIGNED -	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined -		30A. PLACE OF INJURY -	
30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR -	
30D. INJURY -		30E. INJURY -	
30F. INJURY -		30G. INJURY -	
30H. INJURY -		30I. INJURY -	
30J. INJURY -		30K. INJURY -	
30L. INJURY -		30M. INJURY -	
30N. INJURY -		30O. INJURY -	
30P. INJURY -		30Q. INJURY -	
30R. INJURY -		30S. INJURY -	
30T. INJURY -		30U. INJURY -	
30V. INJURY -		30W. INJURY -	
30X. INJURY -		30Y. INJURY -	
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STATE OF CALIFORNIA
COUNTY OF SONOMA } SS

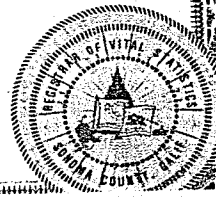
DATE ISSUED

MAR 14 1990

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Sonoma County Public Health Department.

Seay R. Dwyer MD
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Kirt F. Zeigler the 7th day of Jan. A.D., 19 91 at 2:27 o'clock P.M., and duly recorded in Vol. M91 of Deeds on Page 315.

Evelyn Biehn - County Clerk
By Rachel M. Muckelbauer

FEE \$8.00

Return: Kirt F. Zeigler

P.O. Box 1498, Santa Rosa, Ca. 95402