35504

Vol. M91 Page 20150

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER 39145 000743

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

**DECEDENT PERSONAL DATA**

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2A. DATE OF DEATH—MO., DAY, YR. | 2B. HOUR | 3. SEX |
|---|---|---|---|---|---|
| GLENN | THOMAS | WILLIAMS | July 8, 1991 | 1320 | M |

| 4. RACE | 5. HISPANIC—SPECIFY | 6. DATE OF BIRTH—MO., DAY, YR. | 7. AGE IN YEARS | IF UNDER 1 YEAR: MONTHS / DAYS | IF UNDER 24 HOURS: HOURS / MINUTES |
|---|---|---|---|---|---|
| Cauc. | ☐ YES ☒ NO | Nov. 29, 1916 | 74 | | |

| 8. STATE OF BIRTH | 9. CITIZEN OF WHAT COUNTRY | 10A. FULL NAME OF FATHER | 10B. STATE OF BIRTH | 11A. FULL MAIDEN NAME OF MOTHER | 11B. STATE OF BIRTH |
|---|---|---|---|---|---|
| OK | USA | Thomas Lee Williams | AR | Ethel Wright | OK |

| 12. MILITARY SERVICE? | 13. SOCIAL SECURITY NO. | 14. MARITAL STATUS | 15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) |
|---|---|---|---|
| 19 41 TO 19 45 ☐ NONE | 440 14 1623 | Married | Rena Angelina Bonera |

| 16A. USUAL OCCUPATION | 16B. USUAL KIND OF BUSINESS OR INDUSTRY | 16C. USUAL EMPLOYER | 16D. YEARS IN OCCUPATION | 17. EDUCATION—YEARS COMPLETED |
|---|---|---|---|---|
| Timber Faleir | Timber Industry | Arcata Redwood | 21 | 6 |

**USUAL RESIDENCE**

| 18A. RESIDENCE—STREET AND NUMBER OR LOCATION | 18B. CITY | 18C. ZIP CODE |
|---|---|---|
| 7722 Thistle Lane | Redding | 96002 |

| 18D. COUNTY | 18E. NUMBER OF YEARS IN THIS COUNTY | 18F. STATE OR FOREIGN COUNTRY | 20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|---|
| Shasta | 8 | Californria | Rena Williams - Wife<br>7722 Thistle Lane<br>Redding, Ca. 96002 |

**PLACE OF DEATH**

| 19A. PLACE OF DEATH | 19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA | 19C. COUNTY |
|---|---|---|
| Home | | Shasta |

| 19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION | 19E. CITY |
|---|---|
| 7722 Thistle Lane | Redding |

**CAUSE OF DEATH**

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

| | | TIME INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE | (A) Aspiration pneumonia | 4d |
| DUE TO | (B) Esophageal obstruction | 1mo |
| DUE TO | (C) Esophageal Carcinoma | 18mo |

22. WAS DEATH REPORTED TO CORONER? ☒ YES REFERRAL NUMBER T 91-412 ☐ NO

23. WAS BIOPSY PERFORMED? ☒ YES ☐ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: Chronic obstructive Pulmonary dis

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. Yes - Esophagectomy 11/90

**PHYSICIAN'S CERTIFICATION**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

| 27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR | DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR | 27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER | 27C. CERTIFIER'S LICENSE NUMBER | 27D. DATE SIGNED |
|---|---|---|---|---|
| 6/90 | 7/2/91 | Malcolm Hill MD | G25286 | 7/9/91 |

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Malcolm D. Hill, M.D., 2125 Court Street, Redding, CA

**CORONER'S USE ONLY**

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

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 ☐ YES ☐ NO | 30C. DATE OF INJURY MONTH, DAY, YEAR | 31. HOUR |
|---|---|---|---|---|
| | | | | |

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)

33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

**FUNERAL DIRECTOR AND LOCAL REGISTRAR**

| 34A. DISPOSITION(S) | 34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS | 34C. DATE MO., DAY, YEAR | 35A. SIGNATURE OF EMBALMER | 35B. LICENSE NUMBER |
|---|---|---|---|---|
| TR/BU | Eagle Point National Cemetery<br>Eagle Point, OR | 7/12/91 | Miller D. Spencer | 7544 |

| 36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | 36B. LICENSE NO. | 37. SIGNATURE OF LOCAL REGISTRAR STEPHEN J. PLANK M.D. DR.P.H. By: Linda L. Allen Deputy | 38. REGISTRATION DATE |
|---|---|---|---|
| Allen & Dahl Funeral Chapel | F 516 | | JUL 10 1991 |

**STATE REGISTRAR**

| A. | B. | C. | D. | E. | F. | CENSUS TRACT |
|---|---|---|---|---|---|---|
| | | | | | | |

VS-11 (REV. 1-90) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

Return: Rena A. Williams
7722 Thistle Lane
Redding, Calif. 96002

CERTIFICATION STATEMENT

This is to certify that the above is a true and correct copy of facts recorded on the death record of the above-named decedent as registered in this office.

DATED: JUL 10 1991

Stephen J. Plank

Stephen J. Plank, M.D., Dr.P.H.
Registrar of Vital Statistics
Shasta County Health Department
2650 Breslauer Way
Redding, CA 96001

VITALS STATEMENT MUST SHOW EMBOSSMENT OF COUNTY SEAL

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Rena A. Williams the 3rd day of Oct. A.D., 19 91 at 1:58 o'clock P M., and duly recorded in Vol. M91 of Deeds on Page 20150.

FEE $8.00

Evelyn Biehn - County Clerk
By Darlene Wallenberg