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67085

COUNTY of SOLANO

HEALTH DEPARTMENT
355 TUOLUMNE ST.
VALLEJO, CALIFORNIA 94590

Vol. M93 Page 2375

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER: 39248 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 001405

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
Joseph	Matthew	Lynch	Sept. 3, 1992	0620	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
White	☐ YES ☒ NO	January 1, 1916	76		

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
NJ	USA	Joseph M. Lynch	Unk	Florence Cook	Unk

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	552-07-3138	Married	Felicia Turbiville

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Sales Clerk	Retail	Liberty House	8	12

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
131 Goldenrod 1 of 2	Vallejo	94589

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Solano	16	CA	Mrs. Felicia Lynch - Wife 131 Goldenrod Vallejo, CA 94589

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
Vallejo Convalescent Hosp		Solano	900 Sereno Drive	Vallejo

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)	dysrhythmia.	Sec.
DUE TO (B)	CONGESTIVE HEART FAILURE.	MONTHS
DUE TO (C)	SEVERE CORONARY DISEASE.	YEARS

22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER: ☐ YES ☒ 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

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE

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
7-5-92	8-21-92	Eric Swann M.D.	GA3104	090892

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Dr. Eric Swann, 1617 Broadway, Vallejo, CA 94589

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—(only 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
Cr/Sea	Skyview Memorial Lawn, 200 Rollingwood Dr. Vallejo CA	Sept 10 92	Not Embalmed	

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Skyview Memorial Lawn	FD 1130	Thomas Charron	SEP - 9 1992

STATE REGISTRAR

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

VS-11 (REV. 3-91) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

28086

STATE OF CALIFORNIA
COUNTY OF SOLANO } ss

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED JAN 11 1993

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SOLANO COUNTY DEPARTMENT OF PUBLIC HEALTH, VALLEJO, CALIFORNIA.

Thomas L. Charron

THOMAS CHARRON, M.D.
HEALTH OFFICER
AND LOCAL REGISTRAR

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

SOLANO COUNTY DEPT. OF PUBLIC HEALTH

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

COUNTY of SOLANO

2376

HEALTH DEPARTMENT
355 TUOLUMNE ST.
VALLEJO, CALIFORNIA 94590

AFFIDAVIT TO AMEND A RECORD

39248 001406
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

STATE FILE NUMBER

NO ERASURES, WHITEOUTS, OR ALTERATIONS

STATE/LOCAL REGISTRAR USE ONLY	1A.	1B.	1C.

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

	1A. NAME–FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)
NAME AS IT APPEARS ON RECORD	Joseph	Matthew	Lynch

	2. SEX	3. DATE OF EVENT—MONTH, DAY, YEAR	4A. CITY OF OCCURRENCE	4B. COUNTY OF OCCURRENCE
ADDITIONAL INFORMATION TO LOCATE RECORD	M	September 3, 1992	Vallejo	Solano

	5. FATHER'S NAME AS STATED ON ORIGINAL	6. MOTHER'S NAME AS STATED ON ORIGINAL
	Joseph M. Lynch	Florence Cook

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE	7. CERTIFICATE ITEM NUMBER	8A. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8B. INFORMATION AS IT SHOULD APPEAR
	34B	Skyview Memorial Lawn 200 Rollingwood Dr., Vallejo, CA	Bonita Cove, Marin County

2 of 2

REASON FOR CORRECTION — 9. Corrected Disposition

AFFIDAVITS AND SIGNATURES — We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM

10A. SIGNATURE OF FIRST PERSON	10B. TITLE/RELATIONSHIP TO PERSON IN PART I	10C. DATE SIGNED
▶ Terry Ader	Secretary	Sept.9,1992
10D. AGE: Legal	10E. ADDRESS (STREET, CITY, STATE, ZIP): 200 Rollingwood Drive, Vallejo, CA	

USE BLACK INK ONLY

11A. SIGNATURE OF SECOND PERSON	11B. TITLE/RELATIONSHIP TO PERSON IN PART I	11C. DATE SIGNED
▶ Judith K. DeLong	Secretary	Sept.9, 1992
11D. AGE: Legal	11E. ADDRESS (STREET, CITY, STATE, ZIP): 200 Rollingwood Drive, Vallejo, CA	

STATE/LOCAL REGISTRAR USE ONLY	12. SIGNATURE OF STATE OR LOCAL REGISTRAR	13. DATE ACCEPTED FOR REGISTRATION
	▶ Thomas Charron MD	SEP 10 1992

VS 24 (REV. 6/91) 91 60953

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

28083

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SOLANO } ss

DATE ISSUED JAN 1 1 1993

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SOLANO COUNTY DEPARTMENT OF PUBLIC HEALTH, VALLEJO, CALIFORNIA.

Thomas L. Charron MD
THOMAS CHARRON, M.D.
HEALTH OFFICER
AND LOCAL REGISTRAR

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

SOLANO COUNTY DEPT. OF PUBLIC HEALTH

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Marjorie Taylor the 2nd day of Feb. A.D., 19 93 at 11:03 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 2375.

Evelyn Biehn County Clerk
By Rosemary Middlebrook

FEE $15.00
Return: Marjorie Taylor
3240 Fieldcrest Dr., Sacramento, Ca. 95821