

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

39334

004136

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) RONALD		1B. MIDDLE Dewey	1C. LAST (FAMILY) THOMAS
4. RACE Cauc.		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO, DAY, YR 09/17/1919
8. STATE OF BIRTH MN		9. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER James Thomas
12. MILITARY SERVICE 19 41 to 19 45 <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 700-07-4197	14. MARITAL STATUS MARRIED
16A. USUAL OCCUPATION Carpenter		16B. USUAL KIND OF BUSINESS OR INDUSTRY Cabinet Shop	16C. USUAL EMPLOYER McClellan AFB
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 7725 Reno Lane		18B. CITY Citrus Heights	18C. ZIP CODE 95610
19A. PLACE OF DEATH UCD MEDICAL CENTER		19B. CITY SACRAMENTO	19C. COUNTY SACRAMENTO
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) GUNSHOT WOUND TO HEAD DUE TO (B) DUE TO (C)		22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER 93-2211	23. WAS BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 NONE		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE. NO	27. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined SUICIDE		30A. PLACE OF INJURY REAR YARD OF RESIDENCE	30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) 7725 RENO LANE, CITRUS HEIGHTS		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) DECEDENT SHOT SELF	34. DATE MO, DAY, YR 06/28/1993
34A. DISPOSITION(S) BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Calvary Cemetery, Sacramento, Ca	35A. SIGNATURE OF EMBALMER [Signature]
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lambert Funeral Home		36B. LICENSE NO. F-734	37. SIGNATURE OF LOCAL REGISTRAR [Signature]
38. REGISTRATION DATE June 28, 1993		39. CENSUS TRACT	

VS-11 (REV. 7-92)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE SACRAMENTO
COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE
IN THE VITAL STATISTICS SECTION, SACRAMENTO COUNTY DEPARTMENT
OF HEALTH, SACRAMENTO, CALIFORNIA.

[Signature] REGISTRAR
[Signature] DEPUTY

DATE: AUG 05 1993

AFFIDAVIT TO AMEND A RECORD

20400

39334-004136

STATE FILE NUMBER

☐ BIRTH☒ DEATH☐ FETAL DEATH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS STATED ON ORIGINAL CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY	1A. NAME—FIRST (GIVEN) Ronald		1B. MIDDLE Dewey	1C. LAST (FAMILY) Thomas
	2. SEX M	3. DATE OF EVENT—MONTH, DAY, YEAR June 24, 1993	4A. CITY OF OCCURRENCE Sacramento	
	5. FATHER'S NAME AS STATED ON ORIGINAL James Thomas		6. MOTHER'S NAME AS STATED ON ORIGINAL Mae Root	

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE	7. CERTIFICATE ITEM NUMBER	8A. INCORRECT INFORMATION ON ORIGINAL CERTIFICATE	8B. INFORMATION AS IT SHOULD BE STATED
	6.	09/17/1919	09/18/1919

REASON FOR CORRECTION	9. TO AMEND DATE OF BIRTH
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PART III SUPPORTING AFFIDAVITS—PLEASE COMPLETE AND SIGN IN BLACK INK ONLY

FIRST SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	10A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT ▶ <i>Edna Scudde</i>	10B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1 Mortuary Secretary	10C. DATE SIGNED July 10, 1993
	10D. AGE Legal	10E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP) 400 Douglas Blvd, Roseville, Ca 95678	
SECOND SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	11A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT ▶ <i>Reginald Scudde</i>	11B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1 FUNERAL DIRECTOR	11C. DATE SIGNED July 10, 1993
	11D. AGE Legal	11E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP) 400 Douglas Blvd, Roseville, Ca 95678	
STATE/LOCAL REGISTRAR USE ONLY	12. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS		13. DATE ACCEPTED FOR REGISTRATION JUL 28 1993

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

VS 24 (REV 8/90)
90 58443

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COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE
IN THE VITAL STATISTICS SECTION, SACRAMENTO COUNTY DEPARTMENT
OF HEALTH, SACRAMENTO, CALIFORNIA.

Edna Scudde REGISTRAR
Reginald Scudde DEPUTY

DATE: AUG 05 1993

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Frances Thomas the 17th day
of Aug. A.D., 19 93 at 10:25 o'clock A M., and duly recorded in Vol. M93
of Deeds on Page 20399

FEE \$15.00

Evelyn Biehn County Clerk

By *Douglas G. Haddock*

Return: Frances Thomas, 7725 Reno Ln, Citrus Heights, Ca. 95610