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3-92-01

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CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		2A. DATE OF DEATH—MO. DAY, YR.		2B. HOUR		3. SEX	
		RAY		DILLARD		TAYLOR, JR.		SEP 21, 1992		1045		M	
4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS		8. IF UNDER 1 YEAR		9. IF UNDER 24 HOURS		10. IF UNDER 24 HOURS	
WHITE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		JUL 15, 1924		68							
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			
AR		USA		RAY DILLARD TAYLOR, SR.		AR		NETTIE R. STORMENT		NM			
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE OF WIFE, ENTER MAIDEN NAME		16. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED			
19 43 TO 1945 <input type="checkbox"/> NONE		526-16-7241		MARRIED		DOROTHY M. FROESCHER		40		12			
18A. USUAL OCCUPATION		18B. USUAL KIND OF BUSINESS OR INDUSTRY		18C. USUAL EMPLOYER		18D. YEARS IN OCCUPATION		18E. CITY		18F. ZIP CODE			
STEAMFITTER		HEATING/PLUMBING		STEAMFITTER-342		40		ALAMEDA		94501			
13A. RESIDENCE—STREET AND NUMBER OR LOCATION		13B. NUMBER OF YEARS IN THIS COUNTY		13C. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT		21. WAS DEATH REPORTED TO CORONER?		22. WAS DEATH REPORTED TO CORONER?			
1315 WEBER STREET		48		CALIFORNIA		DOROTHY M. TAYLOR - WIFE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
18D. COUNTY		18E. CITY		18F. ZIP CODE		1315 WEBER		ALAMEDA, CA 94501		23. WAS BIOPSY PERFORMED?			
ALAMEDA		ALAMEDA		ALAMEDA		6 months		5 years		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
19A. PLACE OF DEATH		19B. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19C. CITY		24. WAS AUTOPSY PERFORMED?		25. WAS IT USED IN DETERMINING CAUSE OF DEATH?		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25?			
RESIDENCE		1315 WEBER ST.		ALAMEDA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NO			
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		23. DATE SIGNED		24. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		25. DATE SIGNED		26. INJURY AT WORK		27. DATE OF INJURY	
(A) Lung Cancer		NONE		9-22-92		WILLIAM S. LOWERY, MD, 2070 CLINTON AVE., ALAMEDA, CA		9-22-92		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		31. HOUR	
(B) COPD - Chronic Obstructive Pulmonary disease													
(C) Asbestos Related Pleural disease													
27. DATE SIGNED		28. 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		30C. DATE OF INJURY		30D. HOUR	
7-2-89		9-21-92						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MONTH, DAY, YEAR			
31. DATE SIGNED		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE		34D. SIGNATURE OF EMBALMER	
9-22-92						CR/SEA		OFF MARIN COUNTY COAST		9/25/92		NOT EMBALMED	
35. DATE SIGNED		36. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE		39. CENSUS TRACT			
9-22-92		NEPTUNE SOCIETY OF OAKLAND		1325		[Signature]		SEP 24 1992					
39. DATE SIGNED		40. MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS		41. STATE REGISTRAR		42. DEEDS		43. DEEDS		44. DEEDS		45. DEEDS	
9-22-92				[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY: [Signature] DEPUTYDATE: SEP 25 1992

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 20th day
of Feb A.D., 19 96 at 11:53 o'clock A M., and duly recorded in Vol. M96
of Deeds on Page 4631
By Bernetha G. Letsch, County Clerk

FEE \$10.00

RETURN:MTC