| 96 FEB 20 AN 53 | vol_M | _Page46 | 31 |
|---|------------------|---|-------------------|
| | 3-92-01 | 006226 | NUMBER |
| USE BLACK (TAMILY) | 2A. DATE OF D | 1045 | M |
| STATE FILE NUMBER 1A. NAME OF DECEDENT—FIRST THE MIDDLE TAYLOR, JR. 1A. NAME OF DECEDENT—FIRST THE MIDDLE TAYLOR, JR. 15. DATE OF BIRT!—MO, D. | AY, YR 7. AGE IN | F UNDER 1 YEAR OF UNDER MONTHS OAYS HOURS | STATE OF |
| RAY S. HISPANC—SPECIFY A. RACE WHITE S. HISPANC—SPECIFY X NO JUL 15, 1924 108, SYATE OF 1 BRITH 108, FULL NAME OF FATHER S. HISPANC—SPECIFY X NO JUL 15, 1924 108, SYATE OF 1 BRITH 108, FULL NAME OF FATHER S. HISPANC—SPECIFY A. RACE WHITE | IA. FULL MAIDEN | NAME OF MOTHER | NM |
| B. STATE OF B. CITIZEN OF WHAT COUNTRY SHITH ISA | OF SURVIV | TROESCHER | |
| 12. MILITARY SERVICE? 13. SOCIAL SECURITY NO. MARRIED 12. MILITARY SERVICE? 526-16-7241 18C. USUAL EMPLOYER OCAL | 160. YEARS IN | 17. EDOCATION | |
| 19 43 TO 1945 NONE 100 DUBLINESS 180. USUAL KIND OF BUSINESS 180. USUAL OCCUPATION 160. USUAL KIND OF BUSINESS 180. USUAL STANFITTER 342 | 18B. CITY | 1 | ZIP CODE 94501 |

| 1 | R | AY | 5. HISPANIC-S | PECIFY | JUL 15 | 1924 | 68 | ME OF MOTHER | 11B. STATE OF |
|--------------|-----------------|---|--------------------------------------|------------------------|--------------------|------------------|-----------------------------|---------------------|--------------------------------|
| - h | 4. RACE | | 1 — | I XI N | 108. | | FULL MAIDEN NA | ODNENT | NM |
| 1 | | WHITE | YES | NAME OF FATHER | | BIRTH N | ETTIE R. S' | LOKWENT | ENTER MAIDEN NAME |
| L | | CITIZEN OF WITH | AT TOAL FOLL | TAYIO | OR, SR. | | OF SURVIVING | SPOOSE W | ENTER MAIDEN NAME) |
| | BIHIT | COUNTRY | RAY | JIDDAKD TITE | 14. MARITAL STATUS | 15. 7 | ROTHY M. F | ROESCHER | |
| SONAL | AR | | 13. SOCIAL SECUR | TTY NO. | MARRIED | DO | KUIHI III - | 17. EDUCATION | -YEARS COMPLETED |
| DATA | 12. MILI | TARY SERVICE? | ra6-16-7 | 241 | 16C. USUAL EMPL | OYER | 16D. YEARS IN OCCUPATION | 12 | |
| | | 3 TO 1945 NONE | | CALL OF BUSINESS | 160. 050 | LOCAL 1 | 40 | 12 | I IBC. ZIP CODE |
| | 19 4 | SUAL OCCUPATION | OR INDU | G/PLUMBING | STEAMFITT | ER- 342 | 1 18B. CITY | | 94501 |
| | | | HEATING | G/ 1 HO.I | | | ALAMEDA | | i |
| | STE | AMFITTER | JMBER OR LOCATION | N | | | | TONSHIP, MAILING AD | ORESS |
| | 18A. R | ESIDENCE-STREET | трект | | 18F. STATE OR F | OREIGN COUNTR | Y 20. NAME TO | M. TAYLOR | - WIFE |
| | 1 | 1315 WEBER S | IKEDI | 18E. NUMBER OF YEARS | CALIFOR | ATA | YHTOGOG ! | M. INIDON | • |
| USUAL | 18D. C | COUNTY | 1 | 48 | | | -1 1315 W | DEK | |
| ESIDENCE | 1,00. | ALAMEDA | | CDE | CIFY 19C. COUNT | . T | ALAMED! | , CA 9430 | CONCOUER? |
| | | | | ONE IP. ER/OP, I | ALAMEI | DA | | 22. WAS DEATH RE | PORTED TO CORONER? |
| | 194. | PLACE OF DEATH | | · - | | | TIME INTERVAL | 177 M | 192-105-361 NO |
| PLACE | 1 | RESIDENCE | SET AND NUMBER OF | R LOCATION 19E. C | | | HTABC SINA | 23. WAS BIOPSY | PERFORMED? |
| OF | 190. | RESIDENCE | EB | AL. | AMEDA | | 10 | 23. 11.20 | ΓV 1 |
| DEATH | 1 | 1315 WEBER | ST. | ONE CAUSE PER LINE | FOR A. B. AND | -1 | - Gracially | YES | NO PERSONNED? |
| | | TATH WAS CAUSED BY | ENTER ONLY | 2 ~ | | | | 24A. WAS AUTOF | ST PENTON |
| | | | 19 Cana | <u> </u> | | dixer | Syears | YES | NO NO |
| | IMM CAL | EDIATE (A) | `_ <i>1</i> | -1 AL.A. | whe allow | DNOCY | 3/000 | WAS IT USE | D IN DETERMINING CAUSE |
| CAUSE | | 10 | D 1 | hanic Obstr | WITH TAN | | 15/000 | - C- OF UEA. | "T-1 I |
| OF | | (a) <u>(U</u> | | relateà | plaugh A | 1500)1 | 5 7547 | YES | NO NOTION IN ITEM 21 OR 257 |
| DEATH | ١ ١ | DUE TO | 1 1 | 18/atra | LICANO! O | 10000 | WAS OPERATION PE | FORMED FOR ANY CO | |
| | 1 | DUE TO (C) AS | Des 45_ | BUT NOT R | ELATED TO CAUSE G | IVEN IN 21 26. | In ART CITY | | |
| | 1 | DUE TO (C) / (C) | TIONS CONTRIBUTIN | G TO DEATH BUT INOT IT | | 1 | NO | TIFIER'S LICENSE NU | DATE STURED |
| | 25 | OTHER SIGNIFICANT COND | | | NATURE AND DEGREE | OR TITLE OF C | ERTIFIER 270. CE | 145 4 | 9122192 |
| | | MONE | | 27B. SIG | NATURE AND DESIGN | 1 | 65. | 000 | |
| | | THOTHEY THAT TO THE BEST | OF MY KNOWLEDGE TE AND PLACE STAT | ED FROM THE | 1 Nen_1 | XU- Y | ME AND ADDRESS | | AT AMEDA, CA |
| | . 10 | CERTIFY THAT TO THE BEST CCURRED AT THE HOUR, DAT AUSES STATED. 7A. DECEDENT ATTENDED SI | | T SEEN ALIVE 27E TY | PE ATTENDING PH | YSICIAN'S NA | ME AND ADDRESS | NTON AVE., | ALAMEDA, CA |
| PHYS CIAN | ". C | AUSES STREET STREET SE | MONTH, D | VEAR . | TAM S. LO | WERY, MD | , 2070 002 | | 28B. DATE SIGNED |
| CERTIF | ICA- | MONTH, DAY, YEAR | 9-7 | 7-42 WIL | LIAM S. LU | OF CORONER O | R DEPUTY CORONER | | |
| TIO | N I | 7-2-34 | i CCCURI | 28A. SI | GNATURE AND ITTE | | | | OF INDERY 31. HOUR |
| | } ; | CERTIFY THAT IN MY OPIN | ON DEATH COLON | E CAUSES | | | 30B. INJURY AT | MON! | |
| | 1.7 | THE HOOK, DATE | | | INJURY | | | | TED IN INJURY) |
| | L | STATED. 29. MANNER OF DEATH—S 29. MANNER OF DEATH—S | pecify one: natural, accide | nt, | | | I LI THE DO | CURRED (EVENTS WH | ICH RESULTED IN INJURY) |
| CORO | | 29. MANNER OF DEATH—S wicke, homicide, pending investigation | DE OL CORIG HIN OF ATT. | \ | | 33. DESCI | RIBE MOW INCOM | | |
| บร | | 32. LOCATION (STREET AND | MINISTER OR LOCA | TION AND CITY | | 1 | | GNATURE OF EMBAL | MER 358 LICENSE |
| ON | 124 | 32. LOCATION (STREET AND |) Homes | | | 34C. DAT | 35A. | SCHATCHE C. LINE | NONE |
| | 1 | 34A. DISPOSITION(S) | | N DISPOSITION-NAME | AND ADDRESS | | 2767 NO | EMBALMED | SEP 2 4 1992 |
| | | SAA DISPOSITION(S) | 34B. PLACE OF FIN | COUNTY COAS | T | 91 | | | SEP 2 4 1992 |
| FUN | IERAL | CR/SEA | OFF MARIN | COUNTY COAS | B. LICENSE NO. | 37. SIGNATUR | | MD CHLY | JULI 2 4 177 |
| DIR | ECTOR | Oxt/ O | THE PERSO | M YCING YE | 1325 | 1 | - Te | | CENSUS TRACT |
| | AND | 36A. NAME OF FUNERAL | THEY OF OAK | LANDi | | E. | 16. | | |
| | OCAL SISTRAR | NEPTUNE SOCI | Eli Or Oll | C. | D. | l l | 1 | | |
| REG | | A. | 8. | 1 | · | TOTAL PARTY | ERATIONS | | |
| | TATE | 1 | | MAKE NO ERASUR | ES, WHITEOUTS, C | DE OTHER VE. | 7 | | |
| REC | GISTRAR | | | MAKE NO | | | inja | | |
| VS-1 | 1 (REV. 3 | 91) | | | | | COUNT | Y HEALTH C | AKE |

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.

SEP 2 5 1992 DATE: _

| | OF OREGON: or record at requ | COUNTY OF KLAM. lest of | V.CIUER | and duly recorded in Vol. 4631 Bernetha G Letsch, Coun | |
|-----|---------------------------------|--------------------------|---------|---|--|
| FEE | \$10.00 | RETURN: MTC | | , | |