

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

STATE

FILE

6 59-088510

CERTIFICATE OF DEATH

LOCAL REGISTRATION

DISTRICT AND

CERTIFICATE NUMBER 4900 - 1098

NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

1a. NAME OF DECEASED—FIRST NAME Bessie		1b. MIDDLE NAME Lynch		1c. LAST NAME Fitzsimmons		2a. DATE OF DEATH—MONTH, DAY, YEAR August 21, 1959		2b. HOUR 2:25 P M	
3. SEX Female	4. COLOR OR RACE White	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	6. DATE OF BIRTH Aug. 23, 1880		7. AGE (LAST BIRTHDAY) 78 YEARS	IF UNDER 1 YEAR 2a. 2b. 2c. 2d.		IF UNDER 24 HOURS 2e. 2f. 2g. 2h.	
8. NAME AND BIRTHPLACE OF FATHER Unk.			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Unk.			10. CITIZEN OF WHAT COUNTRY USA		11. SOCIAL SECURITY NUMBER Unknown	
12. LAST OCCUPATION		13. NUMBER OF YEARS IN THIS OCCUPATION		14. NAME OF LAST EMPLOYING COMPANY OR FIRM (FULL EMPLOYER ONLY)		15. KIND OF INDUSTRY OR BUSINESS			
16. IF DECEASED WAS EVER IN U.S. ARMED FORCES, GIVE NAME OR DATES OF SERVICE		17. SPOUSE'S MARITAL STATUS (MARRIED, SEPARATED, DIVORCED, WIDOWED, UNMARRIED)		18a. NAME OF PRESENT SPOUSE Ray Fitzsimmons		18b. PRESENT OR LAST OCCUPATION OF SPOUSE Retired			
19a. PLACE OF DEATH—NAME OF HOSPITAL Sonoma County Hospital				19b. STREET ADDRESS—GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS. 3325 Chanate Rd.					
19c. CITY OR TOWN Santa Rosa				19d. COUNTY Sonoma		19e. LENGTH OF STAY IN COUNTY OF DEATH 3 YEARS		19f. LENGTH OF STAY IN CALIFORNIA 55 YEARS	
20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS) 524 S. Main St.		20b. CITY OR TOWN Sebastopol		20c. COUNTY Sonoma		20d. STATE Calif.		20e. NAME OF INFORMANT (IF OTHER THAN SPOUSE) Ray Fitzsimmons	
20f. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEASED) 524 S. Main St., Sebastopol		20g. CITY OR TOWN Sebastopol		20h. COUNTY Sonoma		20i. STATE Calif.		20j. DATE SIGNED 8/21/59	
20k. PHYSICIAN'S OR CORONER'S CERTIFICATION 8/21/59		20l. PHYSICIAN'S OR CORONER'S SIGNATURE 8/21/59		20m. PHYSICIAN'S OR CORONER'S TITLE M.D.		20n. ADDRESS OF PHYSICIAN OR CORONER Sonoma County Hospital		20o. CITY OR TOWN Sonoma	
20p. NAME OF FUNERAL DIRECTOR The Eversole Mortuary		20q. ADDRESS OF FUNERAL HOME 806 E. 1st St.		20r. CITY OR TOWN Sonoma		20s. STATE Calif.		20t. DATE SIGNED 8/21/59	
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