

CERTIFICATION OF VITAL RECORD

MENDOCINO COUNTY

UKIAH, CALIFORNIA

Form No. 5

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
READ THE INSTRUCTIONS ON BACK OF THIS CERTIFICATE

1 PLACE OF DEATH, DIST. No. <u>235-8</u> (To be inserted by Registrar) County of <u>Mendocino</u> City or Town of <u>Ukiah</u> or Rural Registration District _____ (No. _____ St.; _____ Ward)		California State Board of Health BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH State Index No. <u>423</u> Local Registered No. <u>106</u>	
2 FULL NAME <u>Esther Howard</u>			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>	
6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6 DATE OF BIRTH <u>April 29</u> 19 <u>00</u> (Month) (Day) (Year)			
7 AGE <u>22</u> years <u>4</u> months <u>14</u> days or _____ min. If LESS than 1 day, _____ hrs.			
8 OCCUPATION (a) Trade, profession, or particular kind of work: <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer): _____ (c) Name of employer: _____			
9 BIRTHPLACE (State or country city or town) <u>Ukiah</u>			
10 NAME OF FATHER <u>Lewis W. Howard</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Santa Anna Calif</u>			
12 MAIDEN NAME OF MOTHER <u>Bessie Gilkerson Chubb</u>			
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Ohio</u>			
14 LENGTH OF RESIDENCE At Place of Death <u>4</u> years _____ months _____ days (Primary registration district) (if nonresident, give city or town and state) In California <u>22</u> years <u>4</u> months <u>14</u> days How long in U.S., if of foreign birth? _____ years _____ months _____ days			
15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Lewis W. Howard</u> (Address) <u>Ukiah Calif</u>			
Filed _____ 19____ Filed <u>10/2-</u> 19 <u>22</u> <u>M. H. Young</u> Registrar or Deputy		MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH <u>Sept 13</u> 19 <u>22</u> (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from <u>March 15</u> 19 <u>22</u> to <u>Sept 13</u> 19 <u>22</u> that I last saw her alive on <u>Sept 13</u> 19 <u>22</u> and that death occurred on the date stated above at <u>4 P.m.</u> The CAUSE OF DEATH* was as follows: <u>acute military tuberculosis</u> (Duration) <u>1</u> years <u>3</u> months <u>30</u> days Contributory <u>Pulmonary tuberculosis</u> (Duration) <u>8</u> years <u>6</u> months _____ days 18a Where was disease contracted _____ if not at place of death? _____ 18b Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>Clinical evidence</u> (Signed) <u>R. H. Mace</u> M. D. <u>Sept 14</u> 19 <u>22</u> (Address) <u>Ukiah Calif</u> *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.) 19 PLACE OF BURIAL OR REMOVAL <u>Ukiah Calif</u> DATE OF BURIAL <u>Sept 17</u> 19 <u>22</u> 20 UNDERTAKER <u>B. L. Cleland</u> EMBALMER'S LICENSE No. <u>125-0</u> ADDRESS <u>Ukiah</u>	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA)
 COUNTY OF MENDOCINO) SS

DATE ISSUED AUG 13 1992

This is a true and exact reproduction of the document officially registered and placed on file in the office of the MENDOCINO COUNTY RECORDER.

Marsha Young
 MENDOCINO COUNTY RECORDER

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