

CERTIFICATION OF VITAL RECORD

MENDOCINO COUNTY

UKIAH, CALIFORNIA

Form 5

566

1. PLACE OF DEATH: DIST. NO. 2358. STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS
COUNTY OF Mendocino. STANDARD CERTIFICATE OF DEATH
CITY, TOWN OR RURAL DISTRICT OF Ukiah. STREET AND NO. _____ LOCAL REGISTERED NO. 41
2. FULL NAME Lewis Wilbur Howard IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NO.
RESIDENCE: No. 315 Ford St. IF NON-RESIDENT, GIVE ST. CITY OR TOWN, AND STATE _____
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD) Divorced
22. DATE OF DEATH March 28, 1936.
MONTH DAY YEAR
23. MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Mar. 16, 1936 TO March 28, 1936 THAT I LAST SAW HIM im ALIVE ON 3/28/36 AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF 8:35 A. M.
24. CORONER'S CERTIFICATE OF DEATH I HEREBY CERTIFY, THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD AN INQUEST, AUTOPSY OR INQUIRY THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO HIS DEATH ON THE DATE STATED ABOVE.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS: Uremia DATE OF ONSET _____
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Acute Nephritis
IF OPERATION, DATE OF _____ WAS THERE AN AUTOPSY? _____
CONDITION FOR WHICH PERFORMED. NAME LABORATORY TEST CONFIRMING DIAGNOSIS _____
25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING: ACCIDENT, SUICIDE OR HOMICIDE? _____ DATE OF INJURY _____
INJURED AT _____ CITY OR TOWN OF _____ COUNTY AND STATE OF _____
DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE? _____
MANNER OF INJURY _____
NATURE OF INJURY _____
26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY _____
27. SIGNATURE S. L. Rea M. D. PHYSICIAN, AUTOPSY SURGEON
ADDRESS 216 W. Perkins St., Ukiah, Calif.
28. WHEN REQUIRED BY LAW _____ CORONER
COUNTY OF _____

3. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE Bessie Lynch
6. DATE OF BIRTH Nov. 25, 1872. MONTH DAY YEAR
7. AGE 63 YRS. 4 MO. 3 DAYS. IF LESS THAN ONE DAY HRS. MIN.
8. TRADE, PROFESSION OR KIND OF WORK DONE AS SPINNER, SAWYER, BOOKKEEPER, ETC. Laborer
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILKMILL, SAWMILL, BANK, ETC. _____
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MO. AND YR.) _____ 11. TOTAL YEARS SPENT IN THIS OCCUPATION _____
12. BIRTHPLACE (CITY OR TOWN) Santa Ana STATE OR COUNTRY Calif.
13. NAME Wm. H. Howard
14. BIRTHPLACE (CITY OR TOWN) Fort Smith STATE OR COUNTRY Arkansas
15. MAIDEN NAME Orpha Ann Whitcomb
16. BIRTHPLACE (CITY OR TOWN) X STATE OR COUNTRY Indiana
17. LENGTH OF RESIDENCE A. CITY, TOWN OR RURAL DISTRICT OF DEATH 59 YRS. _____ MOS. _____ DAYS _____
B. IN CALIFORNIA _____ YRS. _____ MOS. _____ DAYS _____
C. IN U.S., IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DAYS _____
18. INFORMANT (SIGNATURE) Mrs. Liney Smith ADDRESS Ukiah, Calif.
19. BURIAL, CREMATION OR REMOVAL? Burial PLACE Ukiah, Calif. WRITE THE WORD DATE 3/30/36
20. EMBALMER { LICENSE No. 1934. SIGNATURE B. E. Houdeshell FUNERAL DIRECTOR Eversole Mortuary ADDRESS Ukiah, Calif.
21. FILED April 1, 1936. DATE Lura Broadus LOCAL REGISTRAR

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated exactly. If unknown, give approximate age. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

019022

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA)
COUNTY OF MENDOCINO) SS

DATE ISSUED AUG 10 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 Alfyoung
MENDOCINO COUNTY RECORDER

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE