

# CERTIFICATION OF VITAL RECORD

## MENDOCINO COUNTY

UKIAH, CALIFORNIA

Form 5

PLACE OF DEATH, Dist. No. 2358  
(To be inserted by Registrar)

County of Mendocino

City or Town of Ukiah

or Rural Registration District

California State Board of Health  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

204

Local Registered No. 60

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Orpha Ann Howard

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

DATE OF BIRTH Oct 19 1856  
(Month) (Day) (Year)

AGE 76 years 8 months 14 days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION (a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

BIRTHPLACE (State or country city or town) Indiana

NAME OF FATHER Orin Whitcomb

BIRTHPLACE OF FATHER (city or town) (State or country) New York

MAIDEN NAME OF MOTHER Elizabeth Keaton

BIRTHPLACE OF MOTHER (city or town) (State or country) New York

LENGTH OF RESIDENCE At Place of Death 62 years \_\_\_\_\_ months \_\_\_\_\_ days (Primary registration district) (If nonresident, give city or town and state)

In California 62 years \_\_\_\_\_ months \_\_\_\_\_ days

How long in U.S., if of foreign birth? \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Fred Smith

(Address) Ukiah, Cal

Filed 7-5-22 Lura Broadbent Registrar or Deputy

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1927  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 25 1927 to July 3 1927 that I last saw her alive on July 3 1927

and that death occurred on the date stated above at 1 P. m. The CAUSE OF DEATH\* was as follows:

Senility

(Duration) \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Contributory \_\_\_\_\_

(Duration) \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Where was disease contracted

if not at place of death? \_\_\_\_\_

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? \_\_\_\_\_

(Signed) H. O. Cleland M. D. 7-3-27 (Address) Ukiah, Cal

\*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.)

PLACE OF BURIAL OR REMOVAL Ukiah, Calif DATE OF BURIAL July 5 1927

UNDERTAKER J. W. Eversole & Son EMBALMER'S LICENSE No. \_\_\_\_\_

ADDRESS Ukiah, Calif 111

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 A Young  
MENDOCINO COUNTY RECORDER

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

019030



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE