

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

PLACE OF DEATH

California State Board of Health  
BUREAU OF VITAL STATISTICS

State Index No. ....

County of Los Angeles.....

STANDARD CERTIFICATE OF DEATH

Local Registered No. 1433

District of .....

City of Los Angeles.....

(No. County Hospital St.; ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out Nos. 18a and 18b.)

FULL NAME

Thomas Harrison

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single Married Widowed or Divorced widowed  
(Write the word)

5a HUSBAND OF .....

5b WIFE OF .....

6 DATE OF BIRTH 12 - 26 - 1836  
(Month) (Day) (Year)

7 AGE 80 years - months - days or LESS than 1 day, ... hrs. ... min?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Carpenter  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Ind.

10 NAME OF FATHER Larson Harrison

11 BIRTHPLACE OF FATHER (State or country) Ohio

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

13a LENGTH OF RESIDENCE At Place of Death, ... years ... months ... days (Primary registration district)  
In California 34 years ... months ... days

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) County Hospital  
(Address) 1100 Mission Road

15 Filed ..... 191... Mar 10 1916 L. W. POWERS, M. D. REGISTRAR  
By J. H. Sizy Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 8 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3/8 1916, to 3/8 1916

that I last saw him alive on 3/8 1916

and that death occurred on the date stated above at 10<sup>15</sup>P m.  
The CAUSE OF DEATH\* was as follows:

Acute Intestinal Obstruction

..... (Duration) ..... years ..... months ..... days

Contributory .....

..... (Duration) ..... years ..... months ..... days

State whether attributed to dangerous or insanitary conditions of employment.....

(Signed) J. Mark Lacey M. D.

3/8 1916 (Address) La Cos Hospital

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13b SPECIAL INFORMATION for Hospitals, Institutions, Transients or Recent Residents

Where was disease contracted, If not at place of death? .....

Former or usual residence Inglewood Cal

19 PLACE OF BURIAL OR REMOVAL I. O. O. F. Com. DATE OF BURIAL .....

20 UNDERTAKER Pure Bros & Co. ADDRESS 8105 Power St

Form 5-8-15-20,000

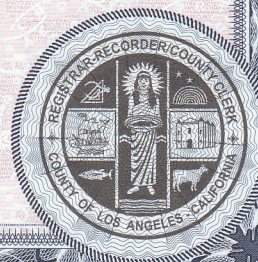
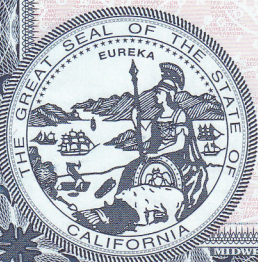
This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

MAR 03 2008

Dean C. Logan  
Dean C. Logan  
Acting Registrar-Recorder/County Clerk



This copy not valid unless prepared on engraved border displaying the Seal of the Registrar-Recorder/County Clerk.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE