

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF  
SAN FRANCISCO

PLACE OF DEATH, DIST. No. 3801  
(To be inserted by Registrar)  
City and SAN FRANCISCO  
County of SAN FRANCISCO

California State Board of Health  
BUREAU OF VITAL STATISTICS

State Index No. 5373  
Local Registered No. 5373

## STANDARD CERTIFICATE OF DEATH

(No. On arrival Harbor Emergency Hospital)  
Ward Howard

death occurred in a  
hospital or institution, give  
its NAME instead of street  
and number

## FULL NAME

Ward Howard

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (Write the word) Married

If married, widowed, or divorced  
HUSBAND of Elta Howard  
(or) WIFE of

DATE OF BIRTH June 28 1906  
(Month) (Day) (Year)

AGE 21 years 1 months 29 days  
or 1 day, 1 hrs. 1 min.

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

(c) Name of employer

BIRTHPLACE Ukiah,  
(State or country) California

NAME OF FATHER Lewis Howard

BIRTHPLACE OF FATHER (city or town)  
(State or country) California

MAIDEN NAME  
OF MOTHER Bessie ?

BIRTHPLACE OF MOTHER (city or town)  
(State or country) California

LENGTH OF RESIDENCE  
At Place of Death 6 years 6 months 6 days  
(Primary registration district)  
(If nonresident, give city or town and state)

In California Life 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. Elta Howard  
(Address) 1378 8th Avenue

Home Address 1378 8th Avenue

Filed AUG 28 1927 William C. Hassler  
Subregistrar  
Registrar or Deputy

## CORONER'S CERTIFICATE OF DEATH

DATE OF DEATH August 27 1927  
(Month) (Day) (Year)

I HEREBY CERTIFY, as to the person above named and  
herein described, That on September 7th 1927  
I held an inquest and the jury rendered a verdict on the death.  
Or, that I have investigated the death officially on account of

The CAUSE OF DEATH\* was as follows:

(Stomach to chemist)  
(Negative for poison)  
Acute Dilatation of Heart.  
Acute Broncho Pnumonia.  
Acute Cholecystitis.

State whether attributed to dangerous or  
insanitary conditions of employment

(Signed)

Approved: (Signed)

August 27 1927 7 (Address) 8th Avenue County

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES,  
state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUI-  
CIDAL, or HOMICIDAL. (See reverse side for additional space.)

SPECIAL INFORMATION for Hospitals, Institutions, Transients or Recent Residents  
Where was disease contracted,  
if not at place of death?

Former or  
usual residence 1378- 8th Avenue

PLACE OF BURIAL OR REMOVAL

Ukiah, Calif.

DATE OF BURIAL

shipment  
Aug 28 1927

UNDERTAKER

O'Shaughnessy & Roche

EMBALMER'S  
LICENSE No.

ADDRESS 741 Valencia St

581

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of  
the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC  
HEALTH as of the date issued.

DATE ISSUED

2009 APR -1 PM 1:33



002721633\*

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

