

CERTIFICATION OF VITAL RECORD

MENDOCINO COUNTY

UKIAH, CALIFORNIA

PLACE OF DEATH. Dist. No. 2358

California State Board of Health

County of Mendocino

BUREAU OF VITAL STATISTICS

State Index No. 93

City or Town of Ukiah

STANDARD CERTIFICATE OF DEATH

Local Registered No. 75

or Rural Registration District Ukiah

(No. _____ 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 William Harper 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 (or) WIFE of Orthian Howard

DATE OF BIRTH November 27 1941

AGE 72 years 9 months 10 days If LESS than 1 day, _____ hrs. or _____ min.

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

(c) Name of employer _____

BIRTHPLACE (State or country city or town) Fort Smith Arkansas

NAME OF FATHER Mark Howard

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

MAIDEN NAME OF MOTHER not known

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

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

In California 68 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) Elmer Howard

(Address) 515 Ford St Ukiah

Filed _____ 19 _____ Subregistrars _____

Filed 9/15 1924 Beverly Broadbent Registrar or Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1924

I HEREBY CERTIFY, That I attended deceased from Aug 9 1924 to Sept 7 1924 that I last saw him alive on Sept 7 1924

and that death occurred on the date stated above at 2:50 a.m. The CAUSE OF DEATH* was as follows:

Shock following fracture of hip.

(Duration) _____ years _____ months _____ days

Contributory Cancer of Prostate

(Duration) _____ years _____ months _____ days

Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. S. Rea M. D.

Sept 7 1924 (Address) Ukiah, Calif.

*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 Sept 9 1924

UNDERTAKER J. W. Emerole & Son EMBALMER'S LICENSE No. 111

ADDRESS Ukiah, Calif.

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

25029 3-23 50M

CERTIFIED COPY OF VITAL RECORDS

019029

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.