Form 5

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
Read Instructions on Back
VITAL STATISTICS

97
1142

DISTRICT NO. 2751 REGISTRAR'S NO. 106

1. FULL NAME George S. Riley

2. PLACE OF DEATH: (A) COUNTY Monterey
(B) CITY OR TOWN Pacific Grove
IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL
(C) NAME OF HOSPITAL OR INSTITUTION Pen. Com. Hosp.
IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION
(D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)
IN HOSPITAL OR INSTITUTION 3 days
IN THIS COMMUNITY 22 yrs IN CALIFORNIA 22 yrs
(E) IF FOREIGN BORN, HOW LONG IN THE U. S. A.? YEARS

3. USUAL RESIDENCE OF DECEASED:
(A) STATE California
(B) COUNTY Monterey
(C) CITY OR TOWN Pacific Grove
IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL
(D) STREET NO. 236 Cedar

20. DATE OF DEATH: MONTH November DAY 8
YEAR 1944 HOUR 1 MINUTE 55 PM

3. (E) IF VETERAN, NAME OF WAR -

3. (F) SOCIAL SECURITY NO. -

4. SEX male

5. COLOR OR RACE white

6 A) SINGLE, MARRIED, WIDOWED OR DIVORCED married

6. (B) NAME OF HUSBAND OR WIFE Lillian E. Riley

6. (C) AGE OF HUSBAND OR WIFE IF ALIVE 75 YEARS

7. BIRTHDATE OF DECEASED November 24,1864
MONTH DAY YEAR

8. AGE 79 YRS 11 MOS 14 DAYS IF LESS THAN ONE DAY OLD HRS MIN

9. BIRTHPLACE Princetown, Ill.

10. USUAL OCCUPATION retired farmer

11. INDUSTRY OR BUSINESS

FATHER
12. NAME William Riley
13. BIRTHPLACE Ireland

MOTHER
14. MAIDEN NAME Elizabeth Trudor
15. BIRTHPLACE Unk.

16. (A) INFORMANT Mrs. Lillian Riley
(B) ADDRESS Pacific Grove

17. (A) BURIAL, CREMATION OR REMOVAL Burial (B) DATE 11/10/44
(C) PLACE Pacific Grove

18. (A) EMBALMER'S SIGNATURE Leland J. Paul LICENSE No 2559
(B) FUNERAL DIRECTOR Paul Mortuary
ADDRESS Pacific Grove
BY L. J. Paul

19. (A) 11-10-44 DATE FILED (B) Irvine Sheriff M.D. REGISTRAR'S SIGNATURE

21. MEDICAL CERTIFICATE
I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM 9/5/ 44 TO 11/8/44
THAT I LAST SAW HIM ALIVE 1m ON 11/8/ 44
AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.

IMMEDIATE CAUSE OF DEATH Atalectasis of lung — DURATION 24hrs.
DUE TO Anesthetic given for amputation of right leg,
DUE TO which was gangrenous,
due to arteriosclerosis.
OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH)

MAJOR FINDINGS OF OPERATIONS: Gangrene of right leg.
DATE OF OPERATION 11/7/44
OF AUTOPSY

PHYSICIAN DESCRIBE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

22. CORONER'S CERTIFICATE
I HEREBY CERTIFY, THAT I HELD AN AUTOPSY, INQUEST OR INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND FROM SUCH ACTION THAT DECEASED CAME TO DEATH ON THE DATE AND HOUR STATED ABOVE.

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
(A) ACCIDENT, SUICIDE, OR HOMICIDE? (B) DATE OF INJURY
(C) WHERE DID INJURY OCCUR? CITY OR TOWN (COUNTY) STATE
(D) DID INJURY OCCUR IN OR ABOUT HOME, OR FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? SPECIFY TYPE OF PLACE WHILE AT WORK?
(E) MEANS OF INJURY

24. CORONER'S OR PHYSICIAN'S SIGNATURE A. Hebenstreit M.D.
(SPECIFY WHICH)
ADDRESS Monterey, Calif. DATE Nov 10 '44

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

U. S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS

OFFICE OF THE RECORDER OF MONTEREY COUNTY, CALIFORNIA.

This is to certify that, if bearing the seal of the County Recorder of Monterey County, California, this is a true and correct copy of the document filed or recorded in this office.

DATED JUN 6 1980

MONTEREY CALIFORNIA RECORDER

ERNEST A. MAGGINI RECORDER

Mary Georgelos DEPUTY

Mary Georgelos