CERTIFICATE OF DEATH

STATE FILE NO

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. 2752 REGISTRAR'S NUMBER 274

DECEDENT PERSONAL DATA (TYPE OR PRINT NAME)

1a. NAME OF DECEASED—FIRST NAME: LILIAN
1b. MIDDLE NAME: E.
1c. LAST NAME: RILEY
2a. DATE OF DEATH—MONTH, DAY, YEAR: OCTOBER 31, 1953
2b. HOUR: 8:10 A.
3. SEX: Female
4. COLOR OR RACE: White
5. IF MARRIED, WIDOWED OR DIVORCED: Widowed
6. DATE OF BIRTH: April 13, 1870
7. AGE (LAST BIRTHDAY): 83 YEARS
IF UNDER 1 YEAR: MONTHS DAYS HOURS MINUTES
IF UNDER 24 HOURS: HOURS MINUTES
8a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife
8b. KIND OF BUSINESS OR INDUSTRY: ---
9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Illinois
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. NAME AND BIRTHPLACE OF FATHER: Samuel Riley-Illinois
12. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Mary Andrews-Ireland
13. NAME OF PRESENT SPOUSE (IF MARRIED): None
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (SPECIFY YES OR NO, UNKNOWN): No
IF YES, GIVE WAR OR DATES OF SERVICE
15. SOCIAL SECURITY NUMBER: Unknown
16. INFORMANT: Monterey County Hospital Records

PLACE OF DEATH

17a. COUNTY: Monterey
17b. CITY OR TOWN: Salinas, Calif
OUTSIDE CORPORATE LIMITS: X
INSIDE CORPORATE LIMITS:
17c. LENGTH OF STAY IN THIS CITY OR TOWN: 27 years 1 Month
17d. FULL NAME OF HOSPITAL OR INSTITUTION: Monterey County Hospital
17e. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): Salinas, Calif.

LAST USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, GIVE DIRECT BEFORE ADMISSION)

18a. STATE: Calif.
18b. COUNTY: Monterey
18c. CITY OR TOWN: Pacific Grove
OUTSIDE CORPORATE LIMITS:
INSIDE CORPORATE LIMITS: X
18d. STREET OR RURAL ADDRESS (DO NOT USE P. O. BOX NUMBERS): 517 Congress Ave.

PHYSICIAN'S OR CORONER'S CERTIFICATION

19a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN ___ ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.
19b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM Sept. 30, 1953 TO Oct. 31, 1953 THAT I LAST SAW THE DECEASED ALIVE ON Oct. 31, 19
19c. SIGNATURE: ▶ Charles L Deerlick MD
DEGREE OR TITLE
19d. ADDRESS: Monterey County Hospital
19e. DATE SIGNED: 10/31/53

FUNERAL DIRECTOR AND REGISTRAR

20a. SPECIFY BURIAL, CREMATION OR REMOVAL: Burial
20b. DATE: 11-4-53
20c. CEMETERY OR CREMATORY: El Carmelo Cemetery
21. SIGNATURE OF EMBALMER (IF NOT EMBALMED): Lena L Paul
LICENSE NUMBER
22. FUNERAL DIRECTOR: The Paul Mortuary
23. DATE RECEIVED BY LOCAL REGISTRAR: 11-4-53
24. SIGNATURE OF LOCAL REGISTRAR: ▶ M.W. Husband M.D.

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 COUNTY CALIFORNIA RECORDER

ERNEST A. MAGGINI RECORDER

Mary Georgalos DEPUTY

Mary Georgalos