

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

42

1. PLACE OF DEATH - DIST. NO. <u>2702</u>		STANDARD CERTIFICATE OF DEATH		LOCAL REGISTERED NO. <u>2</u>
COUNTY OF <u>Monterey</u> CITY, TOWN OR RURAL DISTRICT OF <u>Pacific Grove</u>		STREET AND NO. <u>236 Cedar St.</u>		
2. FULL NAME <u>Mary Riley</u>		IF DEATH OCCURRED IN A HOSPITAL, OR INSTITUTION, GIVE ITS NAME, INSTEAD OF STREET AND NO.		
RESIDENCE: No. <u>236 Cedar</u>		IF NON-RESIDENT, GIVE CITY OR TOWN, AND STATE.		
LEGAL PLACE OF ABODE				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE ABBREV.) <u>widowed</u>		
22. DATE OF DEATH <u>January 18, 1938</u>				
23. MEDICAL CERTIFICATE OF DEATH				
I HEREBY CERTIFY THAT AT <u>Jan. 16, 1938</u>				
DECEASED FROM <u>Jan. 18, 1938</u>				
TO <u>or</u>				
AT <u>Jan. 18, 1938</u> ALIVE OR THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF <u>7:30 A.</u>				
24. CORONER'S CERTIFICATE OF DEATH				
I HEREBY CERTIFY THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD				
IN THE EVENT, AUTOPSY OR INQUIRY THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO HIS DEATH ON THE DATE STATED ABOVE.				
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS: <u>Influenza</u> DATE OF ONSET <u>Jan. 15</u>				
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Senility</u>				
IF OPERATION, DATE OF WAS THERE AN AUTOPSY?				
CONDITION FOR WHICH PERFORMED: RARE LABORATORY TEST CONTAINING DIAGNOSIS?				
25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:				
ACCIDENT, SUICIDE DATE OF INJURY				
OR NON-CIDE CITY OR TOWN OF INJURY				
AT COUNTY AND STATE OF				
EID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE.				
MANNER OF INJURY				
26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY:				
27. SIGNATURE <u>H. N. Yates</u> M.D.				
ADDRESS <u>Pacific Grove</u>				
28. WHEN REQUIRED BY LAW CORONER COUNTY OF				
21. FILED DATE <u>1/20/38</u> <u>R. M. Fortier</u> <u>G.M.P.</u>				

GIN RESERVED FOR BINDING

WRITE PLAIN! WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated exactly. If unknown, give approximate age. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 11 1980ERNEST A. MAGGINI RECORDERMary Georgalos DEPUTY
Mary Georgalos