

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

1. FULL NAME George Edward Riley		2. PLACE OF DEATH: (A) COUNTY Monterey		5. USUAL RESIDENCE OF DECEASED California	
(B) CITY OR TOWN Selinas, rural		(C) CITY OR TOWN Monterey Co., Hosp.		(A) STATE Monterey	
3. (C) IF VETERAN, NAME OF WAR		3. (F) SOCIAL SECURITY NO. 571-07-9745		21. MEDICAL CERTIFICATE I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ TO _____	
4. SEX male		5. COLOR OR RACE white		22. CORONER'S CERTIFICATE I HEREBY CERTIFY THAT I HELD AN AUTOPSY SUBJECT TO INFORMATION ON THE RECORDS OF THE DECEASED AND FIED FROM SUCH ACTION THAT DECEASED CAME TO AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.	
6. (A) NAME OF HUSBAND OR WIFE		6. (C) AGE OF HUSBAND OR WIFE IF ALIVE		27 yrs. IN CALIFORNIA 27 yrs. YEARS	
7. BIRTHDATE OF DECEASED March 3, 1894		8. ACT. YRS. 53 MO. 11 DAY. 19		20. DATE OF DEATH, MONTH February DAY 28 YEAR 1948 HOUR 11 P.M. MINUTE	
9. BIRTHPLACE Omaha, Neb.		10. USUAL OCCUPATION painter-roofer		27. IMMEDIATE CAUSE OF DEATH gaggers, Bone embolism	
11. INDUSTRY OR BUSINESS		12. NAME George C. Riley		28. DUE TO gaggers, Bone embolism	
13. BIRTHPLACE Ill.		14. MAIDEN NAME Lillian E. Riley		29. DUE TO Bone embolism	
15. BIRTHPLACE Ill.		16. (A) INFORMANT Mrs. Lillian E. Riley		30. OTHER CONDITIONS understandable, etc.	
17. (A) BURIAL ECLECTIC GROVE		(B) DATE 2/26/48		31. MAJOR FINDINGS OF OPERATION _____ DATE OF OPERATION _____	
18. (A) PLACE ECLECTIC GROVE		(B) LICENSE NO. 2559		32. OF AUTOPSY as above	
19. (A) EMBALMER'S SIGNATURE Edward J. Paul		(B) FUNERAL DIRECTOR Paul Mortuary		33. (A) ACCIDENT, SUICIDE, OR HOMICIDE	
(C) ADDRESS Pacific Grove		(D) ADDRESS Pacific Grove		(C) WHERE DID INJURY OCCUR CITY OR TOWN _____ COUNTY _____ STATE _____	
(E) BY R. J. [Signature]		(F) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? SPECIFY TYPE OF PLACE _____ WHILE AT WORK _____		(D) DATE OF INJURY _____	
(G) DATE FILED 3/6/48		REGISTRAR'S SIGNATURE Kenneth Sheruff		(E) MEANS OF INJURY [Signature]	
STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH		REGISTRAR'S SIGNATURE [Signature]		34. CORONER'S OR PHYSICIAN'S SIGNATURE [Signature]	
				DATE 3/4/48	

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

ERNEST A. MAGGINI RECORDER

Mary Georgalos DEPUTY
Mary Georgalos

