

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

1162

PLACE OF DEATH. Dist. No. \_\_\_\_\_  
(To be inserted by Registrar)

County of Los Angeles  
City or So. Pasadena  
Town of \_\_\_\_\_  
or Rural Registration District \_\_\_\_\_

California State Board of Health  
BUREAU OF VITAL STATISTICS

### STANDARD CERTIFICATE OF DEATH

Local Registered No. 24

(No. 1601 Fair Oaks St.; \_\_\_\_\_ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

\* FULL NAME Alonzo Beecher Cass

#### PERSONAL AND STATISTICAL PARTICULARS

\* SEX Male \* COLOR OR RACE Cauc. \* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

† If married, widowed, or divorced HUSBAND of Martha F. Cass (or) WIFE of

\* DATE OF BIRTH July 4 1856  
(Month) (Day) (Year)

\* AGE 67 years 8 months 7 days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

\* OCCUPATION (a) Trade, profession, or particular kind of work Pres. So. Cal. Telephone Co.  
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer \_\_\_\_\_

\* BIRTHPLACE (State or country city or town) New York

10 NAME OF FATHER Pliney Cass

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Amanda Herrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14a LENGTH OF RESIDENCE At Place of Death 12 years \_\_\_\_\_ months \_\_\_\_\_ days (Primary registration district) (If nonresident, give city or town and state)

In California 36 years \_\_\_\_\_ months \_\_\_\_\_ days How long in U.S., if of foreign birth? \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. A. Fitch  
(Address) 1201 So. Hope St

March 14, 24 Nettie A. Hewitt

Filed \_\_\_\_\_ 19 \_\_\_\_\_

#### MEDICAL CERTIFICATE OF DEATH

\* DATE OF DEATH March 11 1924  
(Month) (Day) (Year)

† I HEREBY CERTIFY, That I attended deceased from July 15 1919 to March 11 1924

that I last saw him alive on March 10, 1924

and that death occurred on the date stated above at 6 A. m.

The CAUSE OF DEATH\* was as follows:

Angina pectoris

(Duration) 5 years \_\_\_\_\_ months \_\_\_\_\_ days

Contributory Myocarditis

(Duration) \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

15a Where was disease contracted

If not at place of death? \_\_\_\_\_

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Donald Cass M. D.  
Mar. 12 24 (Address) 5300 Hollywood Blvd

\*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.)

16 PLACE OF BURIAL OR REMOVAL Rosedale Cem

DATE OF BURIAL March 14, 24

17 UNDERTAKER Geo. A. Fitch, Inc.  
1201 So. Hope st.

EMBALMER'S LICENSE No. 1206

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack  
CONNY B. MCCORMACK  
Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

DEC 12 2000  
19-109663

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE