

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

6254

PLACE OF DEATH, Dist. No. \_\_\_\_\_  
(To be inserted by Registrar)County of **Los Angeles**  
City or Town of **South Pasadena**  
or Rural Registration District \_\_\_\_\_

California State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(No. **1215 Garfield Ave.** St.; \_\_\_\_\_ Ward)

State Index No. \_\_\_\_\_

Local Registered No. **112**

(If death occurred in a hospital or institution, give the NAME instead of street and number and fill out Nos. 18a and 18b.)

FULL NAME **Alfred Clement Stewart**

## PERSONAL AND STATISTICAL PARTICULARS

SEX **Male** COLOR OR RACE **White** SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) **Married**If married, widowed, or divorced HUSBAND of (or) WIFE of **Edna Kibble Stewart**DATE OF BIRTH **November 25th 1874**  
(Month) (Day) (Year)AGE **53** years **0** months **23** days  
If (Less than) 1 day, hrs. or min.OCCUPATION (a) Trade, profession, or particular kind of work **Inventor**  
(b) General nature of industry, business, or establishment in which employed (or employer)

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

BIRTHPLACE (State or country city or town) **Pa.**NAME OF FATHER **Lyman Stewart**BIRTHPLACE OF FATHER (city or town) (State or country) **Pa.**MAIDEN NAME OF MOTHER **Sarah A. Burrows**BIRTHPLACE OF MOTHER (city or town) (State or country) **New York**LENGTH OF RESIDENCE **1** years **9** months **4** days

At Place of Death (Primary registration district) (If nonresident, give city or town and state)

In California **44** years **1** month **4** days

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) **Mrs. Edna Kibble Stewart**  
(Address) **South Pasadena, Calif.**Filed **12-20** 19 **27** **NETTIE A. HEWITT**

PD JAN 10 1928 C. L. LOGAN, COUNTY CLERK

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH **December 18** 19 **27**  
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from **Dec. 15** 19 **27** to **Dec. 18** 19 **27**that I last saw him alive on **Dec. 18** 19 **27**and that death occurred on the date stated above at **6P** m.  
The CAUSE OF DEATH\* was as follows:**Lobar Pneumonia**(Duration) \_\_\_\_\_ years \_\_\_\_\_ months **3** days  
Contributory **Acute Dilation of Heart**  
**Instantaneous**  
(Duration) \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

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 & Laboratory**(Signed) **J. R. Sanford** M.D.  
**12-19** 19 **27** (Address) **94 N. Madison**

\*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSE, state (1) MANNER OF INJURY, and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

PLACE OF BURIAL OR REMOVAL **Rosedale Cem.** DATE OF BURIAL **Dec. 20** 19 **27**UNDERTAKER **Turner & Stevens Co.** PASADENA CALIF. EMBALMER'S LICENSE No. **1021**

ADDRESS \_\_\_\_\_

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  
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  
19-109684

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE