

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

THESE ITEMS MUST BE FILLED OUT  
(See Sec. 4, Ordinance 2288)

## REPORT OF DEATH.

DEPARTMENT OF HEALTH  
CITY OF LOS ANGELESLos Angeles, Cal., 1903  
The law requires this Certificate to be filled out in full by a Graduate in Medicine, registered according to Ordinance 722, Sec. 1, or by the Coroner in cases which properly come within his jurisdiction.

1. Died on the 4<sup>th</sup> day of Mch, 1903, at about 4 m. ☒ ☐

2. Name of Deceased (in full) Amanda M. Cass

3. Age 70 years 0 months 0 days. 4. Occupation Married

5. Sex Female Color White Single. Married, Widowed Married

6. Born in New York Term of Residence in County 13 years

7. Place of Death LA. No 158 West 24<sup>th</sup> Street. Ward 5

8. Place of Burial Rosedale 9. Undertaker Dr. and Hines Co

Date Mch 5, 1903 Address 647 So. Bdy.

## PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

I Hereby Certify, That, to the best of my knowledge and belief, the cause of death of the above named and described deceased was as hereunder written:

CAUSE OR CAUSES OF DEATH Chief and Determining <u>Gangrene of leg -</u>	DURATION OF CAUSES			
	Years	Months	Days	Hours
Contributing and Consecutive Causes <u>Heart Disease</u>		<u>✓</u>	<u>—</u>	

Witness my hand, This 4<sup>th</sup> day of March, 1903, Signature [Signature] M. D.

5-53 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. McCormackCONNY 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

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