

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

FILED FEB 15 1946 MAME B. BEATTY, County Recorder

DISTRICT No. 1904

REGISTRAR'S No.

244 112

1. FULL NAME MARTHA WASHINGTON TUFTS CASS

2. PLACE OF DEATH: (A) COUNTY Los Angeles

(B) CITY OR TOWN Pasadena

(C) NAME OF HOSPITAL OR INSTITUTION

Huntington Memorial Hospital

IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION

(D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)

IN HOSPITAL OR INSTITUTION 2 weeks 45 yrs.

IN THIS COMMUNITY IN CALIFORNIA

(E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. 1

3. (F) IF VETERAN, NAME OF WAR

None

3. (F) SOCIAL SECURITY No. None

4. SEX

Female

5. COLOR OR RACE

Cauc.

6. (A) SINGLE, MARRIED, WIDOWED OR

Widowed

6. (B) NAME OF HUSBAND OR WIFE

Alonso Beether Cass

6. (C) AGE OF HUSBAND OR WIFE IF ALIVE

May 30 1877

7. BIRTHDATE OF DECEASED

68 7 27

IF LESS THAN ONE DAY OLD

8. AGE YEARS MONTHS DAYS

9. BIRTHPLACE Washington, D.C.

10. USUAL OCCUPATION Housewife

11. INDUSTRY OR BUSINESS Own Home

12. NAME John Tufts

13. BIRTHPLACE Unknown

14. MAIDEN NAME Susan Cook

15. BIRTHPLACE Unknown

16. (A) INFORMANT Mrs. Richard Stewart

(B) ADDRESS 4519 Woodleigh- Flintridge

17. (A) CREMATION Jan. 31 1946

(B) DATE

(C) PLACE Elmer Gault

(D) EMBALMER'S SIGNATURE Pierce Brothers

(E) FUNERAL DIRECTOR 720 W. Washington Blvd. L.A.

Address G.H. Hess

BY JAN 30 1946 CH RLES W. ARTHUR

19. (A) DATE FILED (B) REGISTRAR'S SIGNATURE

3. USUAL RESIDENCE OF DECEASED:

(A) STATE California

(B) COUNTY Los Angeles

(C) CITY OR TOWN La Crescenta

IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL

(D) STREET No. 4545 Palms Drive

20. DATE OF DEATH: MONTH January DAY 27

YEAR 1946

HOUR 4

MINUTE 00 AM

21. MEDICAL CERTIFICATE

I HEREBY CERTIFY, THAT I ATTENDED

THE DECEASED 22 45

FROM Jan. 27 19 46

TO Jan. 28 19 46

THAT I LAST SAW H. ALIVE

ON Jan. 28 19 46

AND THAT DEATH OCCURRED ON THE DATE

AND HOUR STATED ABOVE.

IMMEDIATE CAUSE OF DEATH

Cerebral Vascular Accident

DUE TO Cerebral sclerosis

DUE TO General arteriosclerosis

OTHER CONDITIONS Cancer of breast

(INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH)

MAJOR FINDINGS: OF OPERATIONS

DATE OF OPERATION

OF AUTOPSY: None

PHYSICIAN

UNDERLINE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

22. CORONER'S CERTIFICATE

I HEREBY CERTIFY, THAT I HELD AN

AUTOPSY, INQUEST OR INVESTIGATION

ON THE REMAINS OF THE DECEASED AND FIND

FROM SUCH ACTION THAT DECEASED CAME TO

DEATH ON THE DATE AND HOUR

STATED ABOVE.

DURATION

1 day

10 yrs.

10 yrs.

1 yr.

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

(A) ACCIDENT, SUICIDE, OR HOMICIDE

(B) DATE OF INJURY

(C) WHERE DID INJURY OCCUR? CITY OR TOWN COUNTY STATE

(D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACET? SPECIFY TYPE OF PLACE WHILE AT WORK?

(E) MEANS OF INJURY

Leon G. Campbell, M.D.

24. CORONER'S OR PHYSICIAN'S SIGNATURE

(SPECIFY WHERE)

880 E. Colorado St. 1/28/46

ADDRESS

Pasadena

U. S. DEPT. OF COMMERCE

BUREAU OF THE CENSUS

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

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
19-109565

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE