

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

California State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State Index No.

Local Registered No. **3722**

[If death occurred in a hospital or institution give its name instead of street and number, and fill out No. 18.]

1 PLACE OF DEATH
COUNTY OF LOS ANGELES

Town of
or
City of **LOS ANGELES**

(No. **124 E ave 56** St; Ward)

2 FULL NAME **P. E. Cass**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE **Married**
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH **8 - 2 - 1819**
(Month) (Day) (Year)

7 AGE **91** yrs. **2** mos. **15** ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION **Retired**
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employed)

9 BIRTHPLACE [State or Country] **N. H.**

10 NAME OF FATHER **John Cass**

11 BIRTHPLACE OF FATHER [State or Country] **N. H.**

12 MAIDEN NAME OF MOTHER **-**

13 BIRTHPLACE OF MOTHER [State or Country] **Ireland**

13a LENGTH OF RESIDENCE
At Place of Death **3** years, **-** months
In California **21** years, **-** months

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **A. B. Cass**
(Address) **Home Tel. Co.**

15 Filed **Oct 16** 191**0**
Filed **Oct 16** 191**0**
W. B. Towne
Registrar or Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **October 17** 191**0**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from **October** 19**09** to **Oct 17** 191**0**

that I last saw h. **mi** alive on **Oct. 16** 191**0**

and that death occurred on the date stated above at **9:30** m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ... yrs. ... mos. **2** ds.

Contributory (Secondary) (Duration) ... yrs. ... mos. ... ds.

(Signed) **Neil E. Fenn** M. D.
Oct. 17 191**0** (Address) **146 E ave 56**

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSMITS OR RECENT RESIDENTS

Former or Usual Residence How long at Place of death Days
Where was disease contracted, If not at place of death?

19 PLACE OF BURIAL OR REMOVAL **Rosedale Cem.** DATE OF BURIAL **Oct 18** 191**0**

20 UNDERTAKER **John R Paul** 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
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
19-109655

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE