

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24000

PLACE OF DEATH

County *Washington*

Vol. No. *2 series*

Inc. Town _____

City _____ (No. _____ St. _____ Ward _____)

Registration District No. _____

Primary Registration Dist. No. *27122*

File No. _____

Registered No. *68*

[If death occurred in a hospital or in a nursing home, give the name of the hospital or street and number.]

DECEASED NAME *Premature Child*

PERSONAL AND STATISTICAL PARTICULARS

1 SEX *Male* 2 COLOR OR RACE *White* 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
(Write the word)

4 DATE OF BIRTH *Sept 16 1916*
(Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. _____ ds. If LESS than 1 day _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) *Washington*

10 NAME OF FATHER *Noel Phillip*

11 BIRTHPLACE OF FATHER (State or country) *Washington*

12 MAIDEN NAME OF MOTHER *Laura Dorset*

13 BIRTHPLACE OF MOTHER (State or country) *McLeary Co*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *John A. Phillip*

15 *Washington*

Filed *Sept 18, 1916* *McLeary Co*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Sept 17 1916*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Sept 16 1916* to *Sept 17 1916* and that I last saw him alive on *Sept 16 1916* and that death occurred, on the date stated above, at *P.B.*

The CAUSE OF DEATH* was as follows:
Premature Child

Contributory (secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) *W. H. Moon*, M. D. (Address) *Sacramento*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

(18) LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL *Bear Camp* DATE OF BURIAL *9-18-1916*

20 UNDERTAKER *J. J. White* ADDRESS *Sacramento*

MAKING RESERVE FOR INDEX

WRITE PLAIN WITH CORRECTED INFO THIS IS A PRELIMINARY REPORT

2. If a copy from this certificate should be certified, ALL should be stated FULLY. Particulars should state cause of death in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.