

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

78-132027

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

1988-1990

ISSUED
103

1. DECEASED'S SEXUAL STATUS MARRIED		2. DECEASED'S SEX MALE		3. RACE BOC		4. DATE OF BIRTH 7-3-77 TO 7:00 hours	
5. OCCUPATION CONTRACTOR		6. PLACE AND COUNTRY OF BIRTH SONOMA, CALIFORNIA		7. PLACE OF DEATH SONOMA, CALIFORNIA		8. CAUSE OF DEATH CONVULSION	
9. MANNER OF DEATH NATURAL		10. PLACE OF DEATH SONOMA, CALIFORNIA		11. PLACE OF BIRTH SONOMA, CALIFORNIA		12. PLACE OF DEATH SONOMA, CALIFORNIA	
13. PLACE OF DEATH Off College Road - 2008 Block Sonoma, California		14. PLACE OF BIRTH 2008 Block Sonoma		15. PLACE OF DEATH SONOMA, CALIFORNIA		16. PLACE OF BIRTH SONOMA, CALIFORNIA	
17. INVESTIGATOR'S NAME INVESTIGATOR FORD		18. INVESTIGATOR'S TITLE INVESTIGATOR		19. INVESTIGATOR'S SIGNATURE <i>[Signature]</i>		20. INVESTIGATOR'S ADDRESS SONOMA, CALIFORNIA	
21. DECEASED'S SIGNATURE <i>[Signature]</i>		22. DECEASED'S TITLE DECEASED		23. DECEASED'S ADDRESS SONOMA, CALIFORNIA		24. DECEASED'S PHONE NUMBER 9689	
25. DECEASED'S DATE OF BIRTH 7-3-77		26. DECEASED'S PLACE OF BIRTH SONOMA, CALIFORNIA		27. DECEASED'S PLACE OF DEATH SONOMA, CALIFORNIA		28. DECEASED'S PLACE OF BIRTH SONOMA, CALIFORNIA	
29. DECEASED'S PLACE OF DEATH SONOMA, CALIFORNIA		30. DECEASED'S PLACE OF BIRTH SONOMA, CALIFORNIA		31. DECEASED'S PLACE OF DEATH SONOMA, CALIFORNIA		32. DECEASED'S PLACE OF BIRTH SONOMA, CALIFORNIA	
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NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SONOMA



40003098138

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sonoma County Clerk-Recorder.

DATE: **JUN 19 1995**

[Signature]
COUNTY CLERK-RECORDER



This copy is valid when prepared on an approved form, displaying this title, seal and signature of the Clerk-Recorder.

COUNTY OF SONOMA
 SANTA ROSA, CALIFORNIA

AMENDMENT OF MEDICAL AND HEALTH SECTION DATA

01 YR 78-132471

MARRIED SINGLE DIVORCED

4000-1000

100

SEX OF SUBJECT M F O	1. FULL NAME AND	2. BIRTH DATE	3. LAST NAME
	4. PLACE OF BIRTH (Name of State)	5. DATE OF DEATH	6. LAST RESIDENCE (City)
7. OCCUPATION (Specify as reported by the holder of the record)	8. ADDRESS (Street - Box, Route, P.O., etc.)	9. DATE OF DEATH (MM/DD/YY)	
	10. MEDICAL HISTORY (Specify as reported by the holder of the record)	11. CAUSE OF DEATH (Specify as reported by the holder of the record)	
	12. MEDICAL HISTORY (Specify as reported by the holder of the record)	13. CAUSE OF DEATH (Specify as reported by the holder of the record)	
	14. MEDICAL HISTORY (Specify as reported by the holder of the record)	15. CAUSE OF DEATH (Specify as reported by the holder of the record)	
16. MEDICAL HISTORY (Specify as reported by the holder of the record)	17. MEDICAL HISTORY (Specify as reported by the holder of the record)		18. MEDICAL HISTORY (Specify as reported by the holder of the record)
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DATE ISSUED: JUN 18 2003

[Signature]
 Clerk-Recorder



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COUNTY OF SONOMA
 SANTA ROSA, CALIFORNIA

THIS FORM MUST BE COMPLETED IN BLACK INK
 DIVISION OF VITAL RECORDS AND HEALTH CARE DATA SYSTEMS

79-200007 4000-1000

IDENTIFICATION OF THE RECORD: NAME: JOHN SEX: MALE DATE OF BIRTH: NOV 11, 1929 PLACE OF BIRTH: SONOMA

DATE OF DEATH: NOV 11, 1979 PLACE OF DEATH: SONOMA DATE OF BURIAL: NOV 11, 1979

GENERAL RECORD INFORMATION: MARITAL STATUS: UNMARRIED OCCUPATION: ENGINEER RACE: WHITE ETHNIC ORIGIN: IRISH

INFORMATION AS TO CAUSE OF DEATH: CAUSE OF DEATH: HEART DISEASE MANNER OF DEATH: NATURAL

1000 MARINE OF VETERAN STATUS: NO SOCIAL SECURITY NUMBER: 5-11-1100

NOT A VALID DOCUMENT TO ESTABLISH RESIDENCY



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 JUN 14 2008
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