STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

73-173055

CERTIFICATE OF DEATH

4900-2391

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2. DATE OF DEATH	2a. HOUR
THERESA	DIANE	WALSH	DECEMBER 28, 1973	ABOUT 3:15 P. M.

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE	6. DATE OF BIRTH	7. AGE	8. IF UNDER 1 YEAR	9. IF UNDER 24 HOURS
Female	Caucasian	California	March 25, 1950	23 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Alfred W. Smith -- California	Goldie Black -- California

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
United States	Unknown	Married	Danny Walsh

14. LAST OCCUPATION	15. KIND OF BUSINESS OR INDUSTRY	16. NAME OF LAST EMPLOYING COMPANY OR FIRM	17. KIND OF INDUSTRY OR BUSINESS
Unknown	Unknown	Unknown	Unknown

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTIONAL FACILITY	18b. STREET ADDRESS (STREET AND NUMBER, OR LOCATION)	18c. WERE CITY CORPORATE LIMITS LOCATED? (YES OR NO)
	Mark West Springs Creek near Lorraine and Michaelle Way	No

18d. CITY OR TOWN	18e. COUNTY	18f. STATE	18g. LENGTH OF STAY IN THIS PLACE	18h. WERE YOU TOLD OF DEATH?
Santa Rosa	Sonoma	Unknown (YES)	Life YEARS	

USUAL RESIDENCE (IF DEATH OCCURRED IN HOSPITAL, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. WERE CITY CORPORATE LIMITS LOCATED? (YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
Unknown	Unknown	Goldie Smith

19c. CITY OR TOWN	19d. COUNTY	19e. STATE	20.
Unknown	Unknown	Unknown	P. O. Box 149 Miranda, California 95553

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE TIME, DATE AND PLACE, AND FROM THE CAUSE STATED.	21b. PHYSICIAN: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-28-73 TO 12-28-73 AND THAT DEATH OCCURRED AT THE TIME, DATE AND PLACE, AND FROM THE CAUSE STATED.	21c. PHYSICIAN OR CORONER (SIGNATURE) Ron Stiegeler	21d. DATE SIGNED MAR 8 1974
Investigation (SIGNATURE OF CORONER)	1-8-74 (DATE SIGNED)	21e. ADDRESS Santa Rosa, California	21f. LICENSE NUMBER

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SIGNATURE OF EMBALMER OR CREMATOR	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER'S LICENSE NUMBER (AUTHORIZATION)
Cremation	1-11-74	Chapel of the Chimes	

25. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	26. ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	27. LOCAL REGISTRAR (SIGNATURE)	28. DATE RECEIVED BY LOCAL REGISTRAR
Daniels Chapel of the Roses	147 William H. Daniels 5221		JAN 11 1974

CAUSE OF DEATH (MEDICAL AND HEALTH DATA)

29. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

IMMEDIATE CAUSE (a) Asphyxia (suffocation) by means of

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF: (b) compressive ligature about the neck.

(c)

30. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.

31. WAS CASE REFERRED TO CORONER?	32. WAS AUTOPSY PERFORMED?	33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?
Yes	Yes	Yes

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (STREET AND NUMBER OR LOCATION)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY (MONTH, DAY, AND YEAR)	36b. HOUR
Homicide	Unknown	No	12-28-73 and 12-28-73	Unknown M.

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION)	37b. CITY OR TOWN	37c. COUNTY	37d. STATE	38. WAS INJURY THE RESULT OF ACCIDENT, SUICIDE OR HOMICIDE?	39. WAS CORONER'S INQUEST HELD IN THIS CASE?
Unknown	Unknown	Unknown	Unknown	Yes	Yes

40. DESCRIBE HOW INJURY OCCURRED (IF ACCIDENTAL, SUICIDAL OR HOMICIDAL, GIVE DETAILS AS TO HOW, WHERE, AND WHILE DOING WHAT ACTIVITY)

Suffocated by rope around neck, tied up and deposited in water.

STATE REGISTRAR

A. [illegible] B. [illegible] C. X D. [illegible] E. 963X F.

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STATE OF CALIFORNIA, COUNTY OF SONOMA

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.

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JANICE ATKINSON, CLERK-RECORDER
SONOMA COUNTY, CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE