

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

OFFICE OF
THE STATE REGISTRAR
OF VITAL STATISTICS

This is to certify that
this is a true copy of
the document filed in
this office, if calculated
on the reverse.

ISSUE NAME, DIRECTOR
DEPARTMENT OF HEALTH SERVICES
AND STATE REGISTRAR OF VITAL STATISTICS

David H. Shook, Chief
VITAL STATISTICS BRANCH

DEC 12 1984

0620 46 016192 3841 DISTRICT NO. 8950 REGISTRAR'S NO. 229

1. FULL NAME **R. W. CROWS (175094) (Richard W. Crows)**

2. PLACE OF DEATH: (A) COUNTY **San Joaquin**

(B) CITY OR TOWN **French Camp**
IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL

(C) NAME OF HOSPITAL OR INSTITUTION **San Joaquin General 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 **3 hr. 55 min.**
IN THIS COMMUNITY **4 mos.** IN CALIFORNIA **4 mos.**

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

3. USUAL RESIDENCE OF DECEASED:
(A) STATE **California** **061-18**
(B) COUNTY **San Joaquin**
(C) CITY OR TOWN **Stockton**
IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL
(D) STREET NO. **3510 E. Marsh St.**

20. DATE OF DEATH: MONTH **Feb.** DAY **27**
YEAR **1946** HOUR **12** MINUTE **55 P.M.**

21. MEDICAL CERTIFICATE CORONER'S CASE I ATTENDED THE DECEASED FROM **Feb. 26 1946** TO **Feb. 27 1946** THAT I LAST SAW HIM ALIVE ON **Feb. 27 1946** AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE

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.

IMMEDIATE CAUSE OF DEATH **Acute nephritis, Diabetes (Clinical) Terminal decompensation of lung.**

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING
(A) ACCIDENT, SUICIDE, OR NONFATAL INJURY
(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 OTHER PLACE? _____ WHILE AT WORK? _____
(E) BY _____
(F) BY _____
PHYSICIAN'S SIGNATURE (SPECIFY TITLE) **John J. Sapp**
ADDRESS **French Camp** DATE **2-27-46**

1. (2) IF VETERAN, NAME OF WAR **World War II** 3. (F) SOCIAL SECURITY NO. **562-36-9820**

2. SEX **Male** 3. COLOR OR RACE **White** 4. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**

5. (A) NAME OF HUSBAND OR WIFE **Alberta Crows** 6. (C) AGE OF HUSBAND OR WIFE IF ALIVE **21** YEARS

7. BIRTHDATE OF DECEASED **July 15 1921**
MONTH DAY YEAR
IF LESS THAN ONE DAY OLD

8. AGE **24** YES **7** MONTHS **32** DAYS **1** HOUR **1** MIN

9. BIRTHPLACE **Lookohagka, Iowa**

10. USUAL OCCUPATION **Patrolman**

11. INDUSTRY OR BUSINESS **U. S. Naval Annex**

12. NAME **Edward Crows**

13. BIRTHPLACE **Cook County, Texas**

14. MAIDEN NAME **Lula Robertson**

15. BIRTHPLACE **St. Joseph, Texas**

(A) INFORMANT **Hagan**
(B) ADDRESS **French Camp**

7. (A) BURIAL OR CREMATION (B) DATE **March 1, 1946**

(A) PLACE **Park View Cemetery**

8. (A) ENDBALMER'S SIGNATURE **Harry A. Martens** LICENSE NO. **2104**

(B) FUNERAL DIRECTOR **Martin Funeral Home**
Address **445 N. American St., Stockton, Calif.**
By **H. A. Martens**

MAR 1 1946
(A) DATE FILED (B) **John J. Sapp**
REGISTRAR'S SIGNATURE

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

U. S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS

CERTIFICATE OF DEATH

VALIDATED—REQUIRED FEE PAID

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

OFFICE OF THE

STATE REGISTRAR OF VITAL STATISTICS

VITAL STATISTICS SECTION

SACRAMENTO, CALIFORNIA

