

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

County of San Bernardino  
Auditor/Controller-Recorder, County Clerk

" Amended By Affidavit " Applied May 16, 1952

BOOK 154 PAGE 290

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 3650 REGISTRAR'S NUMBER

DECEDENT PERSONAL DATA (TYPE OR PRINT NAME)	1a NAME OF DECEASED FIRST NAME			1b MIDDLE NAME		1c LAST NAME		2a DATE OF DEATH—MONTH, DAY, YEAR		2b HOUR		
	DILLIE			L.		<del>MARIE</del> Mulkey		June 6, 1952		6:05 P.		
	3 SEX	4 COLOR OR RACE	5 MARRIED-NEVER MARRIED		6 DATE OF BIRTH		7 AGE (LAST BIRTHDAY)		IF UNDER 1 YEAR		IF UNDER 24 HOURS	
	Female	White	Married		Aug. 18, 1886		65 YEARS		MONTHS		DATE	
PLACE OF DEATH	8a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			8b KIND OF BUSINESS OR INDUSTRY		9 BIRTHPLACE (STATE OR FOREIGN COUNTRY)		10 CITIZEN OF WHAT COUNTRY				
	Housewife			At Home		Texas		U.S.A.				
	11 NAME AND BIRTHPLACE OF FATHER			12 MAIDEN NAME AND BIRTHPLACE OF MOTHER		13 NAME OF PRESENT SPOUSE (IF MARRIED)		16 INFORMANT				
	John Brown Texas			Janine Cloud Texas		William L. Mulkey Mulkey		Husband Hospital Record # 15694				
PHYSICIAN'S OR CORONER'S CERTIFICATION	14 WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN			15 SOCIAL SECURITY NUMBER		16 HUSBAND		17c LENGTH OF STAY IN THIS CITY OR TOWN				
	no			unknown		Hospital Record # 15694		10 days				
	17a CO. CITY			17b CITY OR TOWN		17c ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)		18b STREET OR RURAL ADDRESS (DO NOT USE P. O. BOX NUMBERS)				
	San Bernardino			Loma Linda		Loma Linda, California		226 K Street				
FUNERAL DIRECTOR AND REGISTRAR	18a STATE			18b COUNTY		18c CITY OR TOWN		19a CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.				
	California			San Bernardino		San Bernardino		19b PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM TO AND THAT I LAST SAW THE DECEASED ALIVE.				
	19c SIGNATURE			19d ADDRESS		19e DATE SIGNED		20a SPECIFY BURIAL, CREMATION OR REMOVAL				
	E. C. Collins M.D.			Loma Linda, Calif.		6-9-52		Burial				
21 SIGNATURE OF EMBALMER			22 FUNERAL DIRECTOR		23 DATE RECEIVED BY LOCAL REGISTRAR		24 SIGNATURE OF LOCAL REGISTRAR					
L. S. Lewis 3649			Stephens and Bobbitt San Bernardino, Calif.		6/9/52		M. C. ...					



This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Auditor/Controller-Recorder, County of San Bernardino.

DATE ISSUED MAR 09 2010



\* 001559277 \*

Larry Walker  
Auditor/Controller Recorder, County Clerk



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE