

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

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

1. FULL NAME Lugenie Brown		3. USUAL RESIDENCE OF DECEASED (A) STATE California (B) COUNTY San Bernardino (C) CITY OR TOWN San Bernardino (D) STREET NO. 226 1/2 N St.	
2. PLACE OF DEATH (A) COUNTY San Bernardino (B) CITY OR TOWN San Bernardino (C) NAME OF HOSPITAL OR INSTITUTION San Bernardino County Hosp. (D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS) IN HOSPITAL OR INSTITUTION 7 days IN THIS COMMUNITY 9 yrs IN CALIFORNIA 22 yrs (E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. _____ YEARS		20. DATE OF DEATH: MONTH April DAY 18 YEAR 1948 HOUR 2 MINUTE 45 AM	
4. SEX Female		21. MEDICAL CERTIFICATE I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM Apr. 11 19 48 TO Apr. 18 19 48 THAT I LAST SAW HIM OR HER ALIVE ON Apr. 18 19 48 AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE	
5. COLOR OR RACE White		22. CORONER'S CERTIFICATE I HEREBY CERTIFY, THAT I HELD A Investigation ON THE REMAINS OF THE DECEASED AND IN FROM SUCH ACTION THAT DECEASED CAME TO DEATH ON THE DATE AND HOUR STATED ABOVE	
6. (A) NAME OF HUSBAND OR WIFE John Franklin Brown 6. (C) AGE OF HUSBAND OR WIFE IF ALIVE _____ YEARS		IMMEDIATE CAUSE OF DEATH Uremia DURATION 3 days	
7. BIRTHDATE OF DECEASED: Sept. 26, 1868 MONTH DAY YEAR		DUE TO Renal insufficiency precipitated by fracture of femur and precipitated by nephrosclerosis & general arteriosclerosis nos.	
8. AGE 79 YRS 6 MOS 22 DAYS _____ HRS _____ MIN		OTHER CONDITIONS colostomy	
9. BIRTHPLACE Hockdale, Texas		MAJOR FINDINGS OF OPERATION Fracture neck of right femur DATE OF OPERATION 4/15/48 PHYSICIAN V. M. Dinkley, M.D.	
10. USUAL OCCUPATION O. A. S.		23. IF DEATH WAS DUE TO EXTERNAL CAUSES, GIVE IN THE FOLLOWING: (A) ACCIDENT, SUICIDE, OR HOMICIDE Accident (B) DATE OF INJURY 4/11/48 WHERE DID INJURY OCCUR: San Bano, San Bano, Calif. CITY OR TOWN COUNTY STATE	
11. INDUSTRY OR BUSINESS _____		(D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? Home WHILE AT WORK? no	
12. NAME John Cloud		(E) MEANS OF INJURY Fall to floor	
13. BIRTHPLACE Texas		24. CORONER'S or PHYSICIAN'S SIGNATURE R. E. Williams by P. H. Evans San Bernardino, Calif. DATE 4/19/48	
14. MAIDEN NAME Sally Carter		19. (A) DATE FILED 4-19-48 (B) REGISTER'S SIGNATURE F. E. Wiggins, Jr. WFB	
15. BIRTHPLACE Texas		STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH	
16. (A) INFORMANT San Bano County Hosp. (B) ADDRESS San Bernardino, Calif.		CERTIFICATE OF DEATH	
17. (A) PLACE OF BURIAL Burial (B) DATE 4/20/48 (C) PLACE OF BURIAL Westminster Mem. Park, Westminster, Calif.		FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE	
18. (A) ENBALMER'S SIGNATURE J. Russell Bobbitt LICENSE 2185 (B) FUNERAL DIRECTOR Stephens & Bobbitt ADDRESS San Bernardino, Calif. BY J. Russell Bobbitt		ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	

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 **Jan**

PBNC Rev. 10809

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Larry Walker
Larry Walker

Auditor/Controller Recorder, County Clerk

