

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS898-772
Registered No.

1 PLACE OF DEATH

County Santa Clara State CALIFORNIA

Township or Village 20F2

City No. Palo Alto, California Street and number) Ward

2 FULL NAME

Luther M. Shuck St., Ward.

18 050800

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

(If nonresident give city or town and State) How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
M	W	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work School teacher(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant

(Address)

15 Filed 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19 ,

that I last saw him alive on , 19 ,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Personality from ruptured
aftestined due to
abdomen over an
injury of the side

CONTRIBUTORY (second cause)
(duration) yrs. mos. ds.18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

, 19 (Address)

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR
HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

19

20 UNDERTAKER

ADDRESS

644090

This is to certify that this document is a true copy of the official
record filed with the Office of Vital Records.S. Kimberly Belshé, Director and State Registrar of Vital Records
by:Michael L. Rodrian, CHIEF
STATE REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

DATE ISSUED

99 APR 15 PM 2:23



MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

