

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

PLACE OF DEATH, DIST. No. _____
(To be inserted by Registrar)

County of Santa Clara
City or
Town of Palo Alto
Rural Registration District 18 050800

California State Board of Health
OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

698 . 732

State Index No. _____

Local Registered No. 88

(If death occurred in a hospital or institution, give the NAME instead of street and number and fill out Nos. 18a and 18b.)

No. Peninsula Hospital Ward 1

FULL NAME Luther M. Shuck

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White MARRIED Married

HUSBAND OF _____

WIFE OF _____

DATE OF BIRTH Apr. 28 1846

AGE 72 years 6 months 13 days

OCCUPATION

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

BIRTHPLACE (State or country) Virginia

NAME OF FATHER John T. Shuck

BIRTHPLACE OF FATHER (State or country) Washington, D.C.

MAIDEN NAME OF MOTHER Eunice B. Madison

BIRTHPLACE OF MOTHER (State or country) Virginia

LENGTH OF RESIDENCE

At Place of Death years months days
(Primary registration district) 43

In California years months days

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Eunice Shuck

(Address) San Francisco, Calif.

Filed Nov. 12 1918 Subregistrar Louis Klein

Filed Nov. 12 1918 Registrar or Deputy S. Kimberly Belshé

Form 5 10313 R-1B 15M

DATE OF DEATH

Nov. 10

1918

I HEREBY CERTIFY, That I attended deceased from Nov. 7 1918 to Nov. 9 1918, that I last saw him alive on Nov. 9 1918, and that death occurred on the date stated above at 3:20 p.m.. The CAUSE OF DEATH was as follows:

Peytonitis from ruptured testes due to blow over a inguinal hernia of the right side

Contributory Cause Blow on hernia (Duration) years months 3 days

State whether attributed to dangerous or involuntary conditions of employment. None

(Signed) S. Kimberly Belshé, M.D. (Address) 601 Bryant St., San Francisco, Calif. (Date) Nov. 12 1918

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL.

SPECIAL INFORMATION for Hospitals, Institutions, Transients or Recent Residents

Where was disease contracted, if not at place of death? San Francisco

Former or usual residence San Francisco City Calif. State U.S.A.

PLACE OF BURIAL OR REMOVAL San Francisco DATE OF BURIAL Nov. 10 1918

UNDERLAKER Mallett ENDALMER'S LICENSE NO. 33

ADDRESS 1212 Market St., San Francisco, Calif.

644089

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

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

