

## STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

## COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

Affidavit of Correction  
 applied 11-28-1979  
 GEO. M. UHL, M.D.

REGISTRATION DISTRICT NO. <b>1401</b>		REGISTRAR'S NUMBER <b>16632</b>		STATE FILE NO.	
<b>CERTIFICATE OF DEATH</b>					
DECEDENT PERSONAL DATA (TYPE OR PRINT NAME)	1a. NAME OF DECEASED—FIRST NAME <b>Jessie</b>		1b. MIDDLE NAME <b>Metcalfe</b>		1c. LAST NAME <b>Elliott</b>
	3. SEX <b>female</b>	4. COLOR OR RACE <b>white</b>	5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>widowed</b>	6. DATE OF BIRTH <b>Nov. 3, 1890</b>	
	8a. USUAL OCCUPATION (GIVE KIND OF BUSINESS, MOST OF WORKING LIFE ETC.) <b>Clerk</b>		8b. KIND OF BUSINESS OR INDUSTRY <b>School District</b>		9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Indiana</b>
	11. NAME OF FATHER <b>Albert Metcalfe</b>		12. MAIDEN NAME OF MOTHER <b>Unk. Fischer</b>		13. NAME OF SPOUSE (IF MARRIED) <b>Norman Elliott</b>
PLACE OF DEATH	14. WAS DECEASED EVER IN U. S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN <b>No</b>		15. SOCIAL SECURITY NUMBER <b>570-34-1143</b>		16. INFORMANT <b>Norman Elliott</b>
	17a. PLACE OF DEATH—CITY OR TOWN AND NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION <b>Los Angeles</b>		17b. LENGTH OF STAY (IN THIS PLACE) <b>1 month</b>		17c. COUNTY <b>Los Angeles</b>
	17d. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION <b>Queen of Angels Hospital, 2701 Bellvue Ave.</b>				
	18a. CITY OR TOWN (GIVE STREET ADDRESS OR LOCATION) <b>Montebello</b>		18c. COUNTY <b>Los Angeles</b>		18b. STATE <b>California</b>
CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))	19-I. THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH. <b>ANTECEDENT CAUSES</b>		19-II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Myocardial Infarction (Multiple)</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>
	19-III. MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE OR STAYING THE UNDERLYING CAUSE LAST <b>Chronic Hypertension</b>		19-IV. DUE TO <b>19-IV. DUE TO</b>		
	19-II. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		19-III. OTHER SIGNIFICANT CONDITIONS		
	20a. DATE OF OPERATION <b>None</b>		20b. MAJOR FINDINGS OF OPERATION <b>None</b>		
DEATH DUE TO EXTERNAL VIOLENCE	22a. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <b>None</b>		22b. PLACE OF INJURY (GIVE PLACE, FACTORY, STREET, OFFICE BUILDING, ETC.)		22c. LOCATION (CITY OR TOWN) <b>Los Angeles</b>
	22d. TIME OF INJURY MONTH DAY YEAR HOUR <b>10-15-49</b>		22e. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		22f. HOW DID INJURY OCCUR? <b>10-15-49</b>
	23a. CORONER'S: I HEREBY CERTIFY THAT I HAVE HELD AN AUTOPSY, INQUEST, OR INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND THAT THE DECEASED CAME TO DEATH AT THE HOUR AND DATE STATED ABOVE.		23b. PHYSICIAN'S: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-15-49 TO 10-15-49 AND THAT DEATH OCCURRED FROM THE CAUSES AND AT THE HOUR AND DATE STATED ABOVE.		23c. ADDRESS <b>947 West 8th St., L.A.</b>
	23c. SIGNATURE <b>W. H. Therman, M.D.</b>		23d. SIGNATURE OF EMBALMER <b>Joseph J. Callanan</b>		23e. DATE SIGNED <b>10/17/49</b>
FUNERAL DIRECTOR AND REGISTRAR	24a. <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL		24b. DATE <b>10/18/49</b>		24c. CEMETERY OR CREMATORY <b>Rose Hills Cem., Calif.</b>
	27. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 17 1949</b>		28. SIGNATURE OF LOCAL REGISTRAR <b>Dean C. Logan</b>		29. SIGNATURE OF REGISTRAR-RECORDER/COUNTY CLERK <b>Wallace E. White and Howard J. Callanan</b>
STATE OF CALIFORNIA					

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan  
 DEAN C. LOGAN  
 Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE