

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

PLACE OF DEATH  
COUNTY OF LOS ANGELES,  
CITY OF LOS ANGELES

CALIFORNIA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
DUPLICATE CERTIFICATE OF DEATH

State Index No. 2955  
Local Registered No.

[No. *County Hospital* Street: *E. H. Metcalf* Ward]

(If death occurred in a Hospital or Institution, give its name instead of street and number.)

(If death occurs away from usual residence, give facts called for under "Special Information")

Full Name

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE

At Place of Death *24 days* months.  
In California *24 days* months.

SEX *male*

COLOR OR RACE *White*

DATE OF BIRTH *February 9, 1856*  
(Month) (Day) (Year)

*52* years *—* months *—* days.

SINGLE, MARRIED, WIDOWED OR DIVORCED

*married*

BIRTHPLACE

[State or County] *New York*

OCCUPATION

*Plasterer*

NAME OF FATHER

*Edward*

BIRTHPLACE OF FATHER

[State or County] *Ireland*

MAIDEN NAME OF MOTHER

*Mary*

BIRTHPLACE OF MOTHER

[State or County] *New York*

The above stated personal particulars are true to the best of my knowledge and belief.

[Informant]

*J. M. Dimmock*  
[Address] *County Hospital*

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MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

*September 26, 1908*  
[Month] [Day] [Year]

I HEREBY CERTIFY that I attended deceased from *9-3-1908*, to *9/26/1908*; that I last saw him alive on *9/26/1908*; and that death occurred on date stated above, at *5:30 A. M.*  
The Cause of Death was as follows:

*Endocarditis*

(duration) *—* days

Contributory

(duration) *—* days

(Signed)

*J. M. Dimmock* M. D.  
*9/26/1908* (Address) *County Hosp.*

SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS

Former or Usual Residence

How long at Place of Death? *—* days

Where was disease contracted if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*J. C. O. F.*  
*W. H. Sutcliffe*

*Sept. 29, 1908*

UNDERTAKER

ADDRESS

FILED

*Sept 28 1908* *L. W. Powell*

Registrar or Deputy  
LOS ANGELES CITY

Citation:

"Los Angeles, California, United States records," images, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:3QS7-L9SV-Z99C-F?view=index> : Feb 28, 2025), image 1736 of 2612; Los Angeles County (California). County Clerk.

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