

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

1 PLACE OF DEATH, DIST. No. <u>1903</u> <small>(To be inserted by Registrar)</small> County of <u>Los Angeles</u> City or Town of <u>Long Beach</u> or Rural Registration District _____		California State Board of Health BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH (No. <u>Community Hospital</u> St.; _____ Ward)	State Index No. _____ Local Registered No. <u>717</u>
2 FULL NAME <u>Francis Vance</u>		[If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Nos. 18a and 18b.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widow</u>	6 DATE OF DEATH <u>July 1</u> 19 <u>25</u> <small>(Month) (Day) (Year)</small>
7a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Thomas Vance</u>		7b I HEREBY CERTIFY, That I attended deceased from <u>June 30</u> 19 <u>25</u> , to <u>July 1</u> 19 <u>25</u>	
8 DATE OF BIRTH <u>July 23</u> 18 <u>68</u> <small>(Month) (Day) (Year)</small>		that I last saw h <u>er</u> alive on <u>June 30</u> 19 <u>25</u>	
9 AGE <u>56</u> years <u>11</u> months <u>8</u> days or min. <small>If LESS than 1 day, ____ hrs.</small>		and that death occurred on the date stated above at <u>4:00</u> A. The CAUSE OF DEATH* was as follows:	
10 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		Intestinal Obstruction	
11 BIRTHPLACE (State or country, city or town) <u>Mississippi (Missouri)</u>		(Duration) _____ years _____ months <u>3</u> days	
PARENTS	12 NAME OF FATHER <u>William Barker</u>	Contributory _____ (Duration) _____ years _____ months _____ days	
	13 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Missouri KY</u>	14a Where was disease contracted if not at place of death? _____	
	14 MAIDEN NAME OF MOTHER <u>Bell Northcut</u>	Did an operation precede death? <u>Yes</u> Date of <u>June 30, 1925.</u>	
15 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Kentucky</u>		Was there an autopsy? <u>NO</u>	
16a LENGTH OF RESIDENCE At Place of Death _____ years _____ months <u>10</u> days (Primary registration district) (If nonresident, give city or town and state) <u>Los Angeles, Calif.</u> In California <u>10</u> years _____ months _____ days How long in U.S., if of foreign birth? _____ years _____ months _____ days		What test confirmed diagnosis? _____ (Signed) <u>F. C. Renfrew</u> M. D. <u>July 1</u> 19 <u>25</u> (Address) <u>Long Beach, Calif.</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Euchre Broughton</u> (Address) <u>934 So. Catalina St., Los Angeles, Calif.</u>		15 PLACE OF BURIAL OR REMOVAL <u>Inglewood Cemetery Inglewood, Calif.</u> DATE OF BURIAL <u>July 3, 25</u>	
16 Filed <u>7-1</u> 19 <u>25</u> <u>C.E. McDonald</u> Registrar or Deputy Registrar		17 UNDERTAKER <u>Grote-- Wayne</u> EMBALMER'S LICENSE No. <u>1312</u> ADDRESS <u>Long Beach, Calif.</u>	

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

MAY 06 2004

*Conny B. McCormack*  
 CONNIE B. MCCORMACK  
 Registrar-Recorder/County Clerk



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE