

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

1 PLACE OF DEATH, DIST. No. 1903
(To be inserted by Registrar)

County of Los Angeles **California State Board of Health** State Index No. _____
BUREAU OF VITAL STATISTICS

City or Town of Long Beach **STANDARD CERTIFICATE OF DEATH** Local Registered No. 509

or Rural Registration District _____ (No. 283 Roswell Ave St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Nos. 18a and 18b.]

2 FULL NAME Thomas Henry Vance

PERSONAL AND STATISTICAL PARTICULARS			CORONER'S CERTIFICATE OF DEATH		
3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed	10 DATE OF DEATH May 21 1924 (Month) (Day) (Year)		
6 If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Vance			11 I HEREBY CERTIFY, as to the person above named and herein described, That on <u>5-23</u> 19 <u>24</u> , I held an inquest and the jury rendered a verdict on the death. <i>Or, that I have investigated the death officially on account of /</i>		
7 DATE OF BIRTH July 13 1855 (Month) (Day) (Year)			12 The CAUSE OF DEATH* was as follows: Fracture of the left side of the skull; P. E. Ry Accident		
8 AGE 68 years 10 months 8 days If LESS than 1 day, ____ hrs. or ____ min.					
9 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Retired Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer _____					
10 BIRTHPLACE (State or country city or town) Ohio			State whether attributed to dangerous or insanitary conditions of employment _____		
PARENTS	11 NAME OF FATHER Minton Vance		(Signed) <u>Frank R. Webb</u> Autopsy Surgeon		
	12 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio		Approved: (Signed) <u>Frank A. Nance</u> Chief Deputy Coroner		
	13 MAIDEN NAME OF MOTHER Matilda Tinner		<u>5-23</u> <u>1924</u> (Address) _____ County		
14 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)		
15 LENGTH OF RESIDENCE At Place of Death _____ years _____ months <u>1</u> days (Primary registration district) (If nonresident, give city or town and state) <u>Long Beach, Cal</u> In California <u>3</u> years _____ months _____ days How long in U.S., if of foreign birth? _____ years _____ months _____ days			16 SPECIAL INFORMATION for Hospitals, Institutions, Transients or Recent Residents Where was disease contracted, if not at place of death? Former or usual residence _____		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. Euhre Broughton</u> (Address) <u>915 S. Cataline Ave.,</u> <u>Los Angeles, Cal</u>			17 PLACE OF BURIAL OR REMOVAL <u>Inglewood Cemetery</u> DATE OF BURIAL <u>Inglewood, Cal</u> <u>5-24</u> <u>1924</u>		
18 Filed <u>5-23</u> <u>1924</u> <u>C. E. McDonald</u> Registrar or Deputy			19 UNDERTAKER <u>J. J. Mottell</u> EMBALMER'S LICENSE No. <u>244</u> ADDRESS <u>Long Beach, Cal</u>		

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

Conny B. McCormack

CONNIE B. McCORMACK
Registrar-Recorder/County Clerk

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



AUG 29 2002
19-486938

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE