

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

1909
 PLACE OF DEATH, DIST. No. (To be inserted by Registrar)
 County of Los Angeles
 City or Town of Long Beach
 or Rural Registration District (No. 2270 Locust AVE. St.; Ward)

STATE OF CALIFORNIA
 Department of Public Health
 VITAL STATISTICS
 Local Registered No. 74-19-037685
895

If death occurred in a hospital or institution, give its NAME instead of street and number

STANDARD CERTIFICATE OF DEATH

"FULL NAME" Ryda Walker

PERSONAL AND STATISTICAL PARTICULARS			CORONER'S CERTIFICATE OF DEATH	
1 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>	6 DATE OF DEATH <u>July 21</u> 19 <u>29</u> (Month) (Day) (Year)	
7 If married, widowed, or divorced HUSBAND of (or) WIFE of <u>William J. Walker</u>			8 I HEREBY CERTIFY, as to the person above named and herein described, That on <u>July 22</u> 19 <u>29</u> , I held an inquest and the jury rendered a verdict on the death. Or that I have investigated the death officially on account of	
9 DATE OF BIRTH <u>May 5</u> 19 <u>52</u> (Month) (Day) (Year)			The CAUSE OF DEATH* was as follows: <u>Stroke - Cerebral Embolism</u> <u>Ischemic</u>	
10 AGE <u>77</u> years <u>2</u> months <u>6</u> days or min.				
11 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>Retired</u>				
12 (c) Name of employer				
13 BIRTHPLACE (State or country, city or town) <u>Ohio</u>			State whether attributed to dangerous or insanitary conditions of employment	
PARENTS	14 NAME OF FATHER <u>Milton J. Walker</u>		(Signed) <u>Frank A. Nance</u> Autopsy Surgeon	
	15 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Cincinnati</u>		Approved: (Signed) <u>Frank A. Nance</u> <u>Richard W. Doolittle</u> Deputy	
	16 MAIDEN NAME OF MOTHER <u>Mabelle Turner</u>		Address: <u>July 22 1929</u>	
17 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Pennsylvania</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)	
18 LENGTH OF RESIDENCE At Place of Death <u>20</u> years <u>0</u> months <u>0</u> days (Primary registration district) (If nonresident, give city or town and state) <u>LONG BEACH, CALIF.</u>			19 SPECIAL INFORMATION for Hospitals, Institutions, Transients or Recent Residents Where was disease contracted, if not at place of death? Former or usual residence	
In California <u>20</u> years <u>0</u> months <u>0</u> days			20 PLACE OF BURIAL OR REMOVAL <u>Indywood Cemetery</u>	
How long in U. S., if of foreign birth? <u>0</u> years <u>0</u> months <u>0</u> days			DATE OF BURIAL <u>July 23 1929</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. R. G. Chapman</u>			21 UNDERTAKER <u>Long Beach Funeral Home</u>	
(Address) <u>2270 Locust AVE.</u> <u>LONG BEACH, CALIF.</u>			EMBALMER'S LICENSE No. <u>363</u>	
15 Filled <u>JUL 25 1929</u> <u>T. C. McDonald, M.D.</u> Registrar or Deputy			ADDRESS <u>1038 Atlantic Ave.</u> <u>LONG BEACH, CALIF.</u>	

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY



This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

Terresa Trinidad
 TERESITA TRINIDAD DATE ISSUED
 STATE REGISTRAR OF VITAL RECORDS



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE