

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

1. PLACE OF DEATH: DIST. No. 7901 COUNTY OF Los Angeles STANDARD CERTIFICATE OF DEATH LOCAL REGISTERED No. 625
CITY, TOWN OR RURAL DISTRICT OF Los Angeles STREET AND NO. L.A. Co. General Hospital
2. FULL NAME HASTINGS... CLARENCE A. IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NO.
RESIDENCE: No. 1055 E. Fairview Blvd., IF NON-RESIDENT, GIVE CITY OR TOWN, AND STATE Inglewood, Calif.

3. SEX Male 4. COLOR OR RACE Cauc. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE Paulina Hastings

6. DATE OF BIRTH Dec-4-1904

7. AGE 34 YR 1 MO 9 DAYS IF LESS THAN ONE DAY HRS. MIN

8. TRADE, PROFESSION OR KIND OF WORK DONE AS SPINNER, SAWYER, BOOKKEEPER, ETC. Restaurant

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILKMILL, SAWMILL, BANK, ETC. Manager

10. DATE DECEASED LAST WORKED Nov 31 IN THIS OCCUPATION 5 yrs

12. BIRTHPLACE (CITY OR TOWN) Ogden, Utah

13. NAME James Hastings

14. BIRTHPLACE (CITY OR TOWN) Ogden, Utah

15. MAIDEN NAME Pearl Allen

16. BIRTHPLACE (CITY OR TOWN) Ogden, Utah

17. LENGTH OF RESIDENCE A. CITY, TOWN OR RURAL DISTRICT OF DEATH YRS. NOS. 4 DAYS

B. IN CALIFORNIA 6 YRS. NOS. DAYS

C. IN U.S., IF OF FOREIGN BIRTH YRS. NOS. DAYS

18. INFORMANT (SIGNATURE) L.A. Co. Genl. Hosp. ADDRESS 1200 No. State St. Los Ange.

19. BURIAL, CREMATION OR REMOVAL? Buried PLACE Calvary Cem. DATE 1-16-39

20. EMBALMER License No. 11643 SIGNATURE Walter R. Hammon

FUNERAL DIRECTOR SIGNATURE Walter R. Hammon ADDRESS 1200 No. State St. Los Angeles

21. FILED JAN 14 1939 REGISTRAR

DATE BY J. W. Peterson DEPUTY

22. DATE OF DEATH January 13, 1939

23. MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 1-9-39 TO 1-13-39 THAT I LAST SAW H. im ALIVE ON 1-13-39 AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF 5:05 A. M.

24. CORONER'S CERTIFICATE OF DEATH I HEREBY CERTIFY, THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD AN INQUEST, AUTOPSY OR INQUIRY THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO HIS DEATH ON THE DATE STATED ABOVE.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS: Tuberculosis meningitis Dec 1938

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Pulm. tuber. culosis Nov 1938?

IF OPERATION, DATE OF _____ WAS THERE AN AUTOPSY? No

CONDITION FOR WHICH PERFORMED NAME LABORATORY TEST CONFIRMING DIAGNOSIS

25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING: ACCIDENT, SUICIDE OR HOMICIDE? DATE OF INJURY. INJURED AT _____ CITY OR TOWN OF _____ COUNTY AND STATE OF _____ DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE? MANNER OF INJURY NATURE OF INJURY

26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY

PHYSICIAN, AUTOPSY SURGEON SIGNATURE Walter R. Hammon ADDRESS 1200 No. State St. Los Angeles

28. WHEN REQUIRED BY LAW _____ CORONER COUNTY OF _____

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated exactly. If unknown, give approximate age. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

This is a true certified copy of the record if it bears the seal, imprinted in purple ink, of the Registrar-Recorder.
 FEB 27 1979
 James Hammon REGISTRAR-RECORDER
 LOS ANGELES COUNTY, CALIFORNIA

