

CERTIFICATE OF DEATH

STATE FILE NO.

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. **1921**

REGISTRAR'S NUMBER

21

1a. NAME OF DECEASED—FIRST NAME Irene		1b. MIDDLE NAME		1c. LAST NAME Carroll		2a. DATE OF DEATH—MONTH, DAY, YEAR January 22, 1953.		2b. HOUR 4:00A M.	
3. SEX Female	4. COLOR OR RACE Cauc	5. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		6. DATE OF BIRTH October 31, 1876		7. AGE (LAST BIRTHDAY) 76 YEARS		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES
8a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE. EVEN IF RETIRED) House Wife		8b. KIND OF BUSINESS OR INDUSTRY Own Home		9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois		10. CITIZEN OF WHAT COUNTRY United States			
11. NAME AND BIRTHPLACE OF FATHER Joseph Martin - Ireland			12. MAIDEN NAME AND BIRTHPLACE OF MOTHER Unknown - Ireland			13. NAME OF PRESENT SPOUSE (IF MARRIED)			
14. WAS DECEASED EVER IN U. S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN No			IF YES, GIVE WAR OR DATES OF SERVICE		15. SOCIAL SECURITY NUMBER None		16. INFORMANT Thomas F. Carroll		

DECEDENT PERSONAL DATA
(TYPE OR PRINT NAME)

17a. COUNTY Los Angeles		17b. CITY OR TOWN Huntington Park 1-09-21		<input type="checkbox"/> OUTSIDE CORPO. RATE LIMITS	17c. LENGTH OF STAY IN THIS CITY OR TOWN 11 Days	
17d. FULL NAME OF HOSPITAL OR INSTITUTION Huntington Park Mission Hosp. 1-1				17e. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) 7130 Mission Pl.		

PLACE OF DEATH

18a. STATE California		18b. COUNTY Los Angeles		18c. CITY OR TOWN South Gate 09-10		<input type="checkbox"/> OUTSIDE CORPO. RATE LIMITS	18d. STREET OR RURAL ADDRESS (DO NOT USE P. O. BOX NUMBERS) 9621 Annetta Ave.	
						<input checked="" type="checkbox"/> INSIDE CORPO. RATE LIMITS		

19a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN INVESTIGATION, AUTOPSY, INQUEST ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.				19b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 4/13/48 TO 1/22/53 AND THAT I LAST SAW THE DECEASED ALIVE ON 1/22/53			
19c. SIGNATURE Ralph W Allen		DEGREE OR TITLE		19d. ADDRESS Huntington Park 7420 Seville		19e. DATE SIGNED 1/22/53	

PHYSICIAN'S OR CORONER'S CERTIFICATION

20a. SPECIFY BURIAL, CREMATION OR REMOVAL Burial		20b. DATE 1/24/53.		20c. CEMETERY OR CREMATORY Calvary Cemetery		21. SIGNATURE OF EMBALMER (IF BODY EMBALMED) LICENSE NUMBER Lawrence E. Wade 4116	
22. FUNERAL DIRECTOR Biby & Belyea		23. DATE RECEIVED BY LOCAL REGISTRAR JAN 23 1953.		24. SIGNATURE OF LOCAL REGISTRAR Ray E. Gilbert			

FUNERAL DIRECTOR AND REGISTRAR
722.0

25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Ch Myocarditis	25. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	DUE TO (B) Rheumatoid Arthritis	DUE TO (C) Amibicil Heroin - Prodenia etc	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 yrs

26. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
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27a. DATE OF OPERATION none		27b. MAJOR FINDINGS OF OPERATION		28. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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29a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE none		29b. PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)		29c. LOCATION CITY OR TOWN COUNTY STATE	
29d. TIME OF INJURY MONTH DAY YEAR HOUR (3)+		29e. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		29f. HOW DID INJURY OCCUR?	

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MEDICAL AND HEALTH DATA

CAUSE OF DEATH
(ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))

OTHER SIGNIFICANT CONDITIONS

OPERATIONS

DEATH DUE TO EXTERNAL VIOLENCE
(3)+

1cc