

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

Form 1010 (1990)

385 476

PLACE OF DEATH **CALIFORNIA STATE BOARD OF HEALTH**
 COUNTY OF **SAN DIEGO** BUREAU OF VITAL STATISTICS
 TOWN OF **Bear Valley** ORIGINAL CERTIFICATE OF DEATH State Index No. **141**
 CITY OF _____ **11-030732** Local Register No. _____
 (NO. _____ BY _____ WARD) (If death occurred in a hospital or institution give its name instead of street and number.)
 Full Name **Samuel Stephen**

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE
 At Place of Death **60** years, months, days
 In California _____ years, months, days

SEX **male** COLOR OR RACE **white**

DATE OF BIRTH _____ Month _____ Day _____ Year

AGE **85** years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**

BIRTHPLACE **Kentucky** State or Country

OCCUPATION **Rancher**

NAME OF FATHER **William Stephen**

BIRTHPLACE OF FATHER _____ State or Country

MAIDEN NAME OF MOTHER **Sarah Hunt**

BIRTHPLACE OF MOTHER **Tenn.** State or Country

I HEREBY STATE PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Decedent **Mrs M Gearhart**
 Address **Bear Valley**

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH **July 28** 191**8**
 Month _____ Day _____ Year _____

I HEREBY CERTIFY that I attended deceased from _____ 191 _____ to _____ 191 _____
 that I last saw _____ at _____ office on _____ 191 _____
 and that death occurred, on the date stated above, at _____ M.

The CAUSE OF DEATH was as follows:
Heart Aclot

Contributory _____ (duration) _____ days.
 Signed **Dr Bell Carson** (duration) _____ days.
 191 _____ (Address) _____

SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR HOMEY RESIDENTS.

Period of Usual Residence _____ How long at Place of Death? _____ Day

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL **Oak Hill Family** DATE OF BURIAL **July 30** 191**8**
 INTERMENT **Family** ADDRESS _____
F. G. Thompson **Examiner**
Oct 27 1918 **J. Hagler** Subsigner
 FILED _____ 191 _____
 Registrar or Deputy

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records and Statistics.
 S. Kirby Beldie, Director and State Registrar of Vital Records and Statistics
 By: **J. A. Abbott**
 GEORGE WALTER ABBOTT, JR. M.D. M.P.H. CHIEF
 OFFICE OF VITAL RECORDS AND STATISTICS
 DATE ISSUED **JUL 18 1996**
 This copy not valid unless prepared on engraved paper displaying seal and signature of Registrar.

