

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

GLENN COUNTY

WILLOWS, CALIFORNIA

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

1155---27

27

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR
Ella	Elizabeth	Abbott	March 7, 1984		1908
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS DAYS
Female	White		Feb. 10, 1897	87 YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. NAME AND BIRTHPLACE OF MOTHER			
Colorado	Warren Hering Germany	Victoria Young Germany			
11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARRITAL STATUS	14. NAME OF SURVIVING SPOUSE, (IF WIFE, ENTER BIRTH NAME)		
USA	520-01-3311	Widowed			
15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS		
Housewife	Adult Life	Self	Home		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER AND SECTION)	19B. CITY OR TOWN	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
225 S. Murdock St.	Willows	Charles Abbott Son 534 N. Adams Willows, Calif.			
19D. COUNTY	19E. STATE	21. NAME AND ADDRESS OF PLACE OF DEATH			
Glenn	Calif.	DOA Glenn General Hospital Willows, Calif.			
21A. PLACE OF DEATH	21B. CITY OR TOWN	21C. STREET ADDRESS (STREET AND NUMBER AND SECTION)			
	Glenn	1133 W. Sycamore St.			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	IMMEDIATE CAUSE	23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	(A) Basilar Skull Fractures DUE TO, OR AS A CONSEQUENCE OF (B) Laceration of Heart DUE TO, OR AS A CONSEQUENCE OF (C) Laceration of Thoracic Aorta		Yes	No	Yes
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION					
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER		
	28E. TYPE PHYSICIAN'S NAME AND ADDRESS				
29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR	
Accident	City Street	No	March 7, 1984	Approx. 1855 Hrs.	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE			
Murdock & Sycamore Sts., Willows, Ca.	Pedestrian struck by vehicle.	Deputy Coroner			
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)	35C. DATE SIGNED	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			
Investigation	3-9-84	Not Embalmed			
36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	40. LICENSE NO.		
Cremation	3-12-84	Sierra View Mem. Park, Marysville, Ca.	239		
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR	43. SIGNATURE		
F. D. Sweet & Son	MILTON E. WALKER BY: Susan Alavo	March 12, 1984	Deputy		
STATE REGISTRAR	A.	B.	C.	D.	E.

VS-11 (6-82)

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF GLENN

This is a true and exact reproduction of the document officially registered and placed on file in the office of the GLENN COUNTY CLERK-RECORDER.

DATE ISSUED OCT 16 2009

This copy not valid unless prepared on engraved border displaying date, seal and signature of Clerk-Recorder.

PBNC0 (REV) 11/06



\* 000031434 \*

*Sheryl Thur*  
SHERYL THUR  
GLENN COUNTY CLERK-RECORDER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE