

STATE
FILE NO.6
56 081936CERTIFICATE OF DEATH
STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTHREGISTRATION
DISTRICT NO. 4800REGISTRAR'S
NUMBER 595

1a NAME OF DECEASED—FIRST NAME IN FULL Edward			2a DATE OF DEATH MONTH DAY YEAR Sept. 10, 1956		
3 SEX M			4 COLOR OR RACE White		
5 MARRIAGE STATUS Married			6 DATE OF BIRTH July 17, 1991		
7a USUAL OCCUPATION Retired			7b KIND OF BUSINESS OR INDUSTRY Marine Island Nebraska		
8 NAME AND BIRTHPLACE OF FATHER J.S. Brown - Unknown			9 NAME OF PRESENT SPOUSE (IF MARRIED) Edna Brown		
10 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes			11 SOCIAL SECURITY NUMBER 565 -01 -0995		
12a COUNTY Solano			12b CITY OR TOWN Vallejo		
13 FULL NAME OF HOSPITAL OR INSTITUTION Kaiser Foundation Hospital			14 ADDRESS 2600 Alameda		
15a STATE Calif.			15b COUNTY Solano		
15c CITY OR TOWN Vallejo			15d STREET OR RURAL ADDRESS (DO NOT USE P.O. BOX NUMBER) 216 Sacramento Street		
16a CORONER William R. Lawson, M.D.			16b PHYSICIAN 9-10-56		
17a SPECIFY FINAL CREATION OR REMOVAL Final			17b DATE 9-12-56		
18a DATE 9-12-56			18b CEMETERY OR CREMATORY Golden Gate National Cemetery		
19a DATE 9-12-56			19b SIGNATURE OF EMBALMER (IF BODY EMBALMED) Henry H. [Signature]		
20 CAUSE OF DEATH Recurrent Gastrointestinal hemorrhage			21 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 1 1/2 yr		
21 ANTECEDENT CAUSES Carcinoma of stomach			22 DUE TO (a) 1 1/2 yr		
22 OTHER SIGNIFICANT CONDITIONS			23 DATE RECEIVED BY LOCAL REGISTRAR SEP 11 1956		
24 OPERATIONS			25 MAJOR FINDINGS OF OPERATION		
26a SPECIFY ACCIDENT, SUICIDE OR HOMICIDE			26b PLACE OF INJURY U.S.P.S. Vallejo, California		
27a TIME OF INJURY			27b INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> AT HOME		
28a TIME OF INJURY			28b HOW DID INJURY OCCUR?		

DECEDENT
PERSONAL
DATATYPE OR
FIRST NAME

151X

4:08
PLACE
OF
DEATHLAST USUAL RESIDENCE
(HOUSE DECEASED LIVED
OR INSTITUTION RES.
BEFORE DEATH)PHYSICIAN'S
OR CORONER'S
CERTIFICATIONFUNERAL
DIRECTOR
AND
REGISTRAR

MEDICAL AND HEALTH DATA

CAUSE
OF
DEATH
(ENTER ONLY ONE
CAUSE PER LINE FOR
1a, 1b AND 1c)OTHER
SIGNIFICANT
CONDITIONS

OPERATIONS

DEATH
DUE TO
EXTERNAL
VIOLENCEAPPROXIMATE
DURATION
DURATION
DURATION
DURATION