

3801

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

34-011215

1370

1. PLACE OF DEATH: DIST. NO. _____
CITY AND COUNTY OF SAN FRANCISCO

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTERED NO. _____

STREET AND NO. San Francisco Hospital

PLACED IN A HOSPITAL OR INSTITUTION, LIVE ITS NAME INSTEAD OF STREET AND NO.

2. FULL NAME James Roxburgh
RESIDENCE NO. 167 - 16th Ave
USUAL PLACE OF RES.

1934
1932

RESIDENT, GIVE
TOWN, AND STATE

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

22. DATE OF DEATH February 21st 1934
MONTH DAY YEAR

5a. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE
Lillie Roxburgh

23. MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY, THAT I ATTENDED
DECEASED FROM _____
TO _____
THAT I LAST SAW HIM _____ ALIVE
ON _____

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

6. DATE OF BIRTH Jan. 17 1858
MONTH DAY YEAR

7. AGE 76 YR. 1 MO. 4 DAYS IF LESS THAN ONE DAY, HRS. MIN.

8. TRADE, PROFESSION OR KIND OF WORK DONE
AS SPINNER, SAWYER, BOOKKEEPER, ETC. Retired, School Dept.

9. INDUSTRY OR BUSINESS IN WHICH DECEASED WAS ENGAGED
AS SILKBILL, SAWMILL, BAKE, ETC. School Dept.

10. DATE DECEASED LAST WORKED Jan. 12 TOTAL YEARS SPENT
THIS OCCUPATION (NO. OF YEARS) 30

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF
ONSET, HERE AS FOLLOWS:
Fracture right femur
Fracture right clavicle
Broncho pneumonia (terminal)
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
Inquest pending

12. BIRTHPLACE (CITY OR TOWN) San Francisco
STATE OR COUNTRY California

13. NAME Joseph Roxburgh

14. BIRTHPLACE (CITY OR TOWN) Unknown
STATE OR COUNTRY Scotland

15. MAIDEN NAME Lilla Clark

16. BIRTHPLACE (CITY OR TOWN) Unknown
STATE OR COUNTRY Ireland

DATE OF ONSET 1-10-34

A. CITY, TOWN OR RURAL DISTRICT OF DEATH Life NOS. DAYS

B. IN CALIFORNIA: Life YES NOS. DAYS

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

IF OPERATION, DATE OF _____ WAS THERE AN AUTOPSY? _____
CONDITION FOR WHICH PERFORMED _____
NAME LABORATORY TEST CONFIRMING DIAGNOSIS _____

18. INFORMANT (SIGNATURE) James Roxburgh

ADDRESS 167 - 16th Ave

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 _____
AT _____ COUNTY AND STATE OF _____

19. BURIAL, CREMATION OR REMOVAL? Burial

PLACE Holy Cross Cemetery DATE 2/24/34

DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE? _____
MANNER OF INJURY fall
NATURE OF INJURY _____

20. EMBALMER (LICENSE NO. 2187)
SIGNATURE W.P. Bussie

FUNERAL DIRECTOR (SIGNATURE) Salvatore

ADDRESS 1125 Sutter St

26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY _____

27. SIGNATURE Therman Ireland M.D.

ADDRESS 1195 Bush St

21. FILED FEB 23 1934

DATE _____ LOCAL REGISTRAR _____

28. WHEN REQUIRED BY LAW _____ CORONER

COUNTY OF S.F.