

PLACE OF DEATH, DIST. No. **2856**
(To be inserted by Registrar)

California State Board of Health

BUREAU OF VITAL STATISTICS

1890-35
Index No. **20-016132** 34

County of **Orange**
City of **San Clemente**

STANDARD CERTIFICATE OF DEATH

Rural Regis.
District

State Highway

If death occurred in a
hospital, state of death
date of admission to
hospital

FULL NAME **Evan Marial Williams**

PERSONAL AND STATISTICAL PARTICULARS

CORNER & CERTIFICATE OF DEATH

SEX **Male** COLOR OR RACE **White** SINGLE MARR ED, WIDOWED,
OR DIVORCED (Write the word) **Married**

DATE OF DEATH **March 23** 19**29**

If married, widowed, or divorced
HUSBAND of **Thelma Williams**
(or) WIFE of

DATE OF BIRTH **Dec. 13** 18**99**

AGE **29** years **3** months **10** days

OCCUPATION (a) Trade, profession, or particular kind of work **Professional**
(b) General nature of industry, business, or establishment in which employed (or employer) **Ball Player**
(c) Name of employer **Portland Baseball Club**
Thomas J. Turner

BIRTHPLACE (State or country) **Portland Oregon**

NAME OF FATHER **Evan Williams**

BIRTHPLACE OF FATHER (city or town) **not known**

MAIDEN NAME OF MOTHER **Margaret Burke**

BIRTHPLACE OF MOTHER (city or town) **Ireland**

LENGTH OF RESIDENCE (At place of death) (State or country) **Portland Oregon**
(If in California, give city and state) **2** months

How long in U.S. if of foreign birth? years months days

Is ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) **William J. Williams**
(Address) **522 W. Hollywood**

Filed **3-25** 19**29** by **Ch. Vegety**

I, the undersigned, as the person above named and
examined the body, and the jury rendered a verdict on the death
of **March 25** 19**29**
~~that I have investigated the death officially on account of~~

The CAUSE OF DEATH was as follows:
**Basil fracture of skull
when car on left
side was struck by
highway near San Clemente
accidental**

State whether attributed to dangerous
occupational conditions of employment

(Signed) **Charles H. Brown**
Approved: (Signed) **March 25** 19**29** (Address) **Orange**

State the DISEASE CAUSING DEATH, or, in death from TRAUMATIC CAUSES,
state (1) MEANS OF INJURY and (2) whether (probable) OCCIDENTAL, AC-
IDENTAL, or MISADVENTURE. (See reverse side for instructions.)
SPECIAL INFORMATION for Hospital, Institution, Funeral or Burial Societies
Where was disease contracted,
If not at place of death:
Name of
hospital

PLACE OF BURIAL OR REMOVAL **Portland Oregon** DATE OF BURIAL **March 30** 19**29**
Name of Burial Place **Missi's Funeral Chapel**
Address **San Clemente Calif.** 1836

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