

C. 3/6 43 041618 3548

DISTRICT NO. 1901

9596

1. FULL NAME **Chester J. Chadbourne**

2. PLACE OF DEATH: (A) COUNTY **Los Angeles**  
 (B) CITY OR TOWN **Los Angeles**  
 (C) NAME OF HOSPITAL OR INSTITUTION **Geo. St. Receiving Hospital**  
 (D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)  
 IN HOSPITAL OR INSTITUTION **ab. 6 hours**  
 IN THIS COMMUNITY **15 yrs** IN CALIFORNIA **15 yrs**

3. USUAL RESIDENCE OF DECEASED:  
 (A) STATE **California**  
 (B) COUNTY **Los Angeles**  
 (C) CITY OR TOWN **Los Angeles**  
 (D) STREET No. **5028 So. Harvard**

20. DATE OF DEATH: MONTH **June** DAY **21st**  
 YEAR **1943** HOUR **11** MINUTE **45 P.M.**

3. (B) IF VETERAN, NAME OF WAR **No.**  
 (C) SOCIAL SECURITY NO. **1569-14-8299**

4. SEX **Male** 5. COLOR OR RACE **Cauc.** 6. (A) SINGLE, MARRIED, WIDOWED OR **Married**

6. (B) NAME OF HUSBAND OR WIFE **Gladys Chadbourne** 6. (C) AGE OF HUSBAND OR WIFE IF ALIVE **30** YEARS

7. BIRTHDATE OF DECEASED **October 28th, 1884**

8. AGE **58** YRS **7** MNS **25** DAYS

9. BIRTHPLACE **Parson Maine**

10. USUAL OCCUPATION **Bar tender**

11. INDUSTRY OR BUSINESS **Bars**

12. NAME **Hiram Chadbourne**

13. BIRTHPLACE **Harmony Maine**

14. MAIDEN NAME **Julia Augusta Libby**

15. BIRTHPLACE **Harmony Maine**

16. (A) INFORMANT **Walter E. Bean**

(B) ADDRESS **5028 So. Harvard**

17. (A) **Cremation** (B) DATE **6-24-43**

(C) PLACE **Rosevale Crematory**

18. (A) EMBALMER'S SIGNATURE **Edwin T. Krawcheck** LICENSE **2224**

(B) FUNERAL DIRECTOR **Ivy H. Overholtzer, Inc.**

ADDRESS **1719 So. Flower Street**

BY **Edwin T. Krawcheck**

19. (A) **JUN 24 1943** (B) DATE FILED

21. MEDICAL CERTIFICATE  
 I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM \_\_\_\_\_ TO \_\_\_\_\_ ON THE DEMAND OF THE DECEASED AND FROM THAT I LAST SAW HIM \_\_\_\_\_ ALIVE OR \_\_\_\_\_ DECEASED ON THE DATE AND HOUR AND MORE STATED ABOVE.

22. CORONER'S CERTIFICATE  
 I HEREBY CERTIFY, THAT I HELD AN AUTOPSY, IN THAT INVESTIGATION ON THE DEMAND OF THE DECEASED AND FROM FROM SUCH ACTION THAT DECEASED CAME TO BE STATED ABOVE.

IMMEDIATE CAUSE OF DEATH **Gunshot wound of the head**

OTHER CONDITIONS (MILLAGE FORECASTED DURING THESE PERIODS OF DEATH)

MAJOR FINDINGS OF OPERATIONS

DATE OF OPERATION

OF AUTOPSY **anatomy**

PHYSICIAN ORDERING THE CASE TO BE OPENED SHOULD BE CHANGED STATISTICALLY

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:  
 (A) ACCIDENT, SUICIDE OR HOMICIDE **suicide** DATE OF **6-21-43**  
 (B) WHERE AND INJURY OCCURRED **Los Angeles, Ca**  
 (C) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? **5028 So. Harvard St. Los Angeles, Ca**  
 (D) BRAND OF WEAPON **revolver**

24. CORONER'S OR PHYSICIAN'S SIGNATURE **Edwin T. Krawcheck**  
 (SEVERAL SIGNATURES)  
 ASSISTANT JURY CLERK

STATE OF CALIFORNIA  
 DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

U. S. DEPT. OF COMMERCE  
 BUREAU OF THE CENSUS

Read Instructions on Back  
 VITAL STATISTICS

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