

3801

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
VITAL STATISTICS34-011059 1291  
Harbor Emergency Hospital1. PLACE OF DEATH DIST NO.  
CITY AND  
COUNTY OF SAN FRANCISCO

## STANDARD CERTIFICATE OF DEATH

2. FULL NAME **Harold Elliott**  
RESIDENCE NO. **473 Ellis**3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE MARRIED, WIDOWED  
DIVORCED **Divorced**22. DATE OF DEATH **February 12th 1934**6. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE  
**Helena Elliott**6. DATE OF BIRTH **March 4 1890**7. AGE **43** YR **11** MO **9** DAYS IF LESS THAN ONE DAY HRS MIN8. TRADE, PROFESSION OR KIND OF WORK DONE  
AS SPINNER, SAWYER, BOOKBINDER, ETC. **Retired**  
9. INDUSTRY OR BUSINESS IN WHICH HE WORKED  
NONE AS SEILMILL, SAWMILL, BARR, ETC. **Retired**  
10. DATE DECEASED LAST WEEK (DAY) MONTH YEAR  
11. TOTAL YEARS THAT HE HAS OCCUPIED HIS OCCUPATION, MO AND YR IN THIS OCCUPATION12. BIRTHPLACE (CITY OR TOWN) **Coconino**  
STATE OR COUNTRY **INDIANA**13. NAME **Osaac Bell Elliott**14. BIRTHPLACE (CITY OR TOWN) **Indiana**  
STATE OR COUNTRY15. MAIDEN NAME **Betty Brown**16. BIRTHPLACE (CITY OR TOWN) **Indiana**  
STATE OR COUNTRY17. LENGTH OF RESIDENCE  
A. CITY, TOWN OR RURAL DISTRICT OF DEATH **22** NOS. DAYS  
B. IN CALIFORNIA **22** NOS. DAYS  
C. IN U.S. IF OF FOREIGN BIRTH18. INFORMANT SIGNATURE **James Elliott**  
ADDRESS **708 Steiner St**19. BURIAL, CREMATION OR REMOVAL **Burial**  
P. A. C. **Radio S. F. Calif** WRITE THE WORD DATE **2/19/34**20. EMBALMER LICENSE NO. **1545**  
SIGNATURE **Thomas Whelan**  
FUNERAL DIRECTOR **Thomas Whelan**  
ADDRESS **1234**21. FILED **FEB 16 1934**

## MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY THAT THE DECEASED  
DECLARED FROM

TO

THAT I LAST SAW HIM

ON

AND THAT DEATH OCCURRED ON THE  
ABOVE STATED DATE AT THE HOUR OF

## 24. CORONER'S CERTIFICATE OF DEATH

I HEREBY CERTIFY THAT THE DECEASED  
OF THE REGAINS DESCRIBED ABOVE**Autopsy**  
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF  
ONSET, WERE AS FOLLOWS  
**Shock and hemorrhage following  
fracture of skull  
Inquest pending**  
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET

DATE OF ONSET