

70-070468

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER  
1008 1810DECEDENT  
PERSONAL  
DATA

|   |                                  |   |  |  |  |  |  |                                       |  |
|---|----------------------------------|---|--|--|--|--|--|---------------------------------------|--|
| 1a. NAME OF DECEASED—FIRST NAME<br><b>HBBERT</b>                  |                                  | 1b. MIDDLE NAME<br><b>S. (IO)</b>                           |  | 1c. LAST NAME<br><b>HALL</b>   |  | 2a. DATE OF DEATH—MONTH DAY YEAR<br><b>July 1, 1970</b>                            |  | 2b. HOUR<br><b>12:40 P.</b>           |  |
| 3. SEX<br><b>male</b>   | 4. COLOR OR RACE<br><b>cauc.</b> | 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)<br><b>Illinois</b> |  | 6. DATE OF BIRTH<br><b>June 5, 1893</b>                                  |  | 7. AGE<br><b>77</b>  |  | IF UNDER 1 YEAR<br>IF UNDER 26 MONTHS |  |
| 8. NAME AND BIRTHPLACE OF FATHER<br><b>Morris Hall - Illinois</b> |                                  |   |  | 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER<br><b>Unknown - Unknown</b>      |  |  |  |                                       |  |
| 10. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                         |                                  | 11. SOCIAL SECURITY NUMBER<br><b>526-05-5273</b>            |  | 12. MARRIED NEVER MARRIED WIDOWED DIVORCED<br><b>Married</b>             |  | 13. NAME OF SURVIVING SPOUSE (IF WIFE ENTER MAIDEN NAME)<br><b>Betty A. Kinney</b> |  |                                       |  |
| 14. LAST OCCUPATION<br><b>Cotton Broker</b>                       |                                  | 15. NUMBER OF YEARS IN THIS OCCUPATION<br><b>30</b>         |  | 16. NAME OF LAST EMPLOYING COMPANY OR FIRM<br><b>Herb S. Hall Cotton</b> |  | 17. KIND OF INDUSTRY OR BUSINESS<br><b>Cotton Sales</b>                            |  |                                       |  |

PLACE  
OF  
DEATH

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY<br><b>St. Agnes Hospital</b> |  | 18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)<br><b>530 W. Floradora</b> |  | 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)<br><b>yes</b> |  |
| 18d. CITY OR TOWN<br><b>Fresno</b>   |  | 18e. COUNTY<br><b>Fresno</b>   |  | 18f. LENGTH OF STAY IN COUNTY OF DEATH<br><b>31</b> YEARS           |  |
|  |  |  |  | 18g. LENGTH OF STAY IN CALIFORNIA<br><b>41</b> YEARS                |  |

USUAL  
RESIDENCE  
DEATH OCCURRED IN  
OR INSTITUTION ENTER  
(RESIDENCE BEFORE  
ADMISSION)

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)<br><b>214 B. Michigan</b> |  | 19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)<br><b>yes</b> |  | 20. NAME AND MAILING ADDRESS OF INFORMANT<br><b>Betty A. Hall</b> |  |
| 19c. CITY OR TOWN<br><b>Fresno</b>  |  | 19d. COUNTY<br><b>Fresno</b>  |  | 19e. STATE<br><b>California</b>                                   |  |
|   |  |   |  | same  |  |

PHYSICIAN'S  
OR CORONER'S  
CERTIFICATION

|  |  |  |  |  |  |                                   |  |
|--|--|--|--|--|--|-----------------------------------|--|
| 21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW (INVESTIGATION OR HOUR ST.) |  | 21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM [ ] TO [ ] AND [ ] (INVESTIGATION OR HOUR ST.) |  | 21c. PHYSICIAN OR CORONER SIGNATURE<br><i>Clot [Signature]</i> |  | 21d. DATE SIGNED<br><b>7/2/70</b> |  |
|  |  | 21e. ADDRESS<br><b>1171 Fulton Mall Fresno</b>   |  | 21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER<br><b>A06166</b>    |  |                                   |  |

FUNERAL  
DIRECTOR  
AND  
LOCAL  
REGISTRAR

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| 22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION<br><b>Entombment</b>                    |  | 22b. DATE<br><b>7-3-70</b>  |  | 23. NAME OF CEMETERY OR CREMATORY<br><b>Belmont Memorial Park</b> |  | 24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER<br><i>Paul D. Bradford</i> <b>5455</b> |  |
| 25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)<br><b>Lisle Funeral Home</b> |  | 26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO / CORONER? (SPECIFY YES OR NO)<br><b>no</b> |  | 27. LOCAL REGISTRAR—SIGNATURE<br><i>[Signature]</i>               |  | 28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR<br><b>JUL 2 1970</b>                      |  |

CAUSE  
OF  
DEATH

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 29. PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (A)<br><b>Myocardial infarction</b>         |  | ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C                        |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH<br><b>14 yrs</b> |  |
| CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A): STATING THE UNDERLYING CAUSE LAST |  | DUE TO OR AS A CONSEQUENCE OF (B)<br><b>general arteriosclerosis</b> |  | <b>20 yrs</b>   |  |
| DUE TO OR AS A CONSEQUENCE OF (C)<br><b>4/2/1</b>   |  |  |  |   |  |

INJURY  
INFORMATION

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| 30. PART II. OTHER SIGNIFICANT CONDITIONS—(CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I) |  | 31. WAS OPERATION OR SHOUP? PERFORMED FOR ANY CONDITION IN ITEMS 29a OR 29b? (SPECIFY OPERATION AND/OR SHOUP?)<br><b>no</b> |  | 32a. ATOPHY (SPECIFY YES OR NO)<br><b>(Yes)</b>                                  |  | 32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)<br><b>(No)</b> |  |
| 33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE  |  | 34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)  |  | 35. INJURY AT WORK (SPECIFY YES OR NO)   |  | 36a. DATE OF INJURY—MONTH DAY YEAR  |  |
| 37a. PLACE OF INJURY (SUBJECT AND NUMBER OR LOCATION AND CITY OR TOWN)   |  | 37b. DISTANCE FROM PLACE OF INJURY TO HOME, RESIDENCE, ETC. IN MILES  |  | 38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO) |  | 39. WERE LABORATORY TESTS DONE FOR ALL CAUSES? (SPECIFY YES OR NO)                                      |  |

40. DESCRIBE HOW INJURY OCCURRED (EXCEPT REVERSES OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

STATE  
REGISTRAR

|   |   |   |   |      |        |
|---|---|---|---|------|--------|
| A | B | C | D | E    | F      |
| 1 | X | 2 | 2 | 4121 | 108-36 |