

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

PLACE OF DEATH. Dist. No. 1922 (To be inserted by Registrar) County of LOS ANGELES City or Town of Burbank or Rural Registration District

California State Board of Health BUREAU OF VITAL STATISTICS

28-002683

STANDARD CERTIFICATE OF DEATH

Local Registered No. 24

(No. 528 Santa Anita St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Nebraska C. Bead

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female GOLD OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

DATE OF DEATH Jan 20 1928 (Month) (Day) (Year)

If married, widowed, or divorced HUSBAND of (or) WIFE of

I HEREBY CERTIFY, That I attended deceased from Feb 10 1927 to Jan 20 1928 that I last saw her alive on July 20 1928

DATE OF BIRTH July 13 1854 (Month) (Day) (Year)

and that death occurred on the date stated above at 2:50 a.m. The CAUSE OF DEATH* was as follows:

AGE 73 years 6 months 7 days or LESS than 1 day, 1 hr., or min.

Apoplexy

OCCUPATION (a) Trade, profession, or particular kind of work Home (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country city or town) Mississippi

Contributory Arterio-sclerosis (Duration) 1 year 6 months days

NAME OF FATHER Asa R Carter

Where was disease contracted if not at place of death? No Did an operation precede death? No Date of

BIRTHPLACE OF FATHER (city or town) (State or country) Mississippi

MAIDEN NAME OF MOTHER Stevens

BIRTHPLACE OF MOTHER (city or town) (State or country) Mississippi

LENGTH OF RESIDEC At Place of Death 7 years months days (Primary registration district) (If nonresident, give city or town and state) In California 7 years month days How long in U.S., if of foreign birth? year month days

What test confirmed diagnosis? (Signed) J. G. McGuire M.D. 1/21/28 19 (Address) Burbank Ca

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mary C. Bead (Address) Burbank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

FILED 1/21 1928 J. C. Millar Registrar or Deputy

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Forest Lawn Bur Jan 23 1928 UNDERTAKER A.C. Fillbach EMBALMER'S LICENSE No. 1466 ADDRESS Burbank



This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan DEAN C. LOGAN Registrar-Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

OCT 06 2017



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE