

69-043957

CERTIFICATE OF DEATH

STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH

LOCAL HEALTH DISTRICT AND LICENSE NUMBER 0734

1. NAME OF DECEASED - FIRST NAME, MIDDLE NAME, LAST NAME Isabelle Annette Thompson	2. DATE OF DEATH - MONTH, DAY, YEAR April 12, 1969	3. SEX Female	4. COLOR OR RACE Caucasian	5. BIRTHPLACE California	6. DATE OF BIRTH June 27, 1900	7. AGE - LAST BIRTHDAY 68	8. MARRIAGE STATUS Married	9. MARRIAGE AND BIRTHPLACE OF MOTHER Francis White - Canada	10. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIAGE NUMBER) Thomas Thompson	11. NAME AND BIRTHPLACE OF FATHER Thomas Edward Irvine - Canada	12. MARRIAGE REGISTERED 550-03-0903B	13. KIND OF INDUSTRY OR BUSINESS Own Home	14. LAST OCCUPATION Housewife	15. SOCIAL SECURITY NUMBER 550-03-0903B	16. STREET ADDRESS - STREET AND NUMBER OR LOCATION 2215 Truxtun Avenue	17. CITY OR TOWN Kern	18. COUNTY Kern	19. STATE California	20. NAME AND BUILDING ADDRESS OF INFORMANT Thomas Thompson 713 River Oaks Drive Kern City, California	21. YEARS OF MARRIAGE 23	22. YEARS OF MARRIAGE 35	23. NAME OF PHYSICIAN Dr. J. J. ...	24. DATE OF DEATH April 12, 1969	25. NAME OF FUNERAL DIRECTOR (ON PERSON ACTING AS SUCH) Greenlawn Mortuary	26. PLACE OF FUNERAL Greenlawn Mortuary	27. LOCAL REGISTRAR C. A. ...	28. DATE OF DEATH APR 15 1969	29. PLACE OF BURIAL Greenlawn Mortuary	30. PART I - OTHER SIGNIFICANT CONDITIONS - CONTRA TO DATA BE RELATED TO THE UNDERLYING CAUSE (A) THROUGH (E) Hypertensive retinopathy - severe	31. PLACE OF INJURY (STATE, COUNTY AND CITY OR TOWN) Kern, California	32. PLACE OF INJURY (STATE, COUNTY AND CITY OR TOWN) Kern, California	33. PLACE OF INJURY (STATE, COUNTY AND CITY OR TOWN) Kern, California	34. PLACE OF INJURY (STATE, COUNTY AND CITY OR TOWN) Kern, California	35. PLACE OF INJURY (STATE, COUNTY AND CITY OR TOWN) Kern, California	36. PLACE OF INJURY (STATE, COUNTY AND CITY OR TOWN) Kern, California	37. PLACE OF INJURY (STATE, COUNTY AND CITY OR TOWN) Kern, California	38. PLACE OF INJURY (STATE, COUNTY AND CITY OR TOWN) Kern, California	39. PLACE OF INJURY (STATE, COUNTY AND CITY OR TOWN) Kern, California	40. DESCRIBE HOW INJURY OCCURRED (GIVE NATURE OF INJURY, NATURE OF IMPACT, NATURE OF DAMAGE TO BODY, NATURE OF DAMAGE TO PROPERTY, ETC.) F
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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
OFFICE OF
THE STATE REGISTRAR
OF VITAL STATISTICS

This is to certify that
this is a true copy of
the document filed in
this office, if validated
on the reverse.

BEVERLY A. WATERS, DIRECTOR
DEPARTMENT OF HEALTH SERVICES
AND STATE REGISTRAR OF VITAL STATISTICS
BY: *Maie L. Skille*
MAY 11 1969
JUN 9 1982