

STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH

38-011489 233

1. PLACE OF DEATH: DIST. NO. 3461  
COUNTY OF Sacramento  
CITY, TOWN OR RURAL DISTRICT OF: Sacramento

2. FULL NAME Joe Lopez  
RESIDENCE: No. 2321 Eye ST. IF NON-RESIDENT, GIVE CITY OR TOWN, AND STATE.

22. DATE OF DEATH Feb. 13, 1938

23. MEDICAL CERTIFICATE OF DEATH  
I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Jan. 29/38 to Feb. 13, 1938 THAT I LAST SAW HIM IN ALIVE ON Feb. 13, 1938 AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF 5:45 P. M.

24. CORONER'S CERTIFICATE OF DEATH  
I HEREBY CERTIFY THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD INQUEST, AUTOPSY OR INQUIRY THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO HIS DEATH ON THE DATE STATED ABOVE.

3. SEX Male 4. COLOR OR RACE Portuguese 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD) Divorced

5a. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE Constance Lopez

6. DATE OF BIRTH Jan. 15, 1869

7. AGE 69 YR. 29 DAYS IF LESS THAN ONE DAY HRS. 15 MIN.

8. TRADE, PROFESSION OR KIND OF WORK DONE AS SPINNER, SAWYER, BOOKKEEPER, ETC. Rancher

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILKWEIL, SAWMILL, BANK, ETC. retired

10. DATE DECEASED LAST WORKED AND THIS OCCUPATION (IND. IND. IN THIS OCCUPATION) 3/35 life

12. BIRTHPLACE (CITY OR TOWN) unknown STATE OR COUNTRY Portugal

13. NAME unknown Lopez

14. BIRTHPLACE (CITY OR TOWN) unknown STATE OR COUNTRY Portugal

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) unknown STATE OR COUNTRY unknown

17. LENGTH OF RESIDENCE IN CALIFORNIA 50 YRS. 5 DAYS

18. INFORMANT (SIGNATURE) Walter Brown ADDRESS East Lawn

19. BURIAL, CREMATION OR DISPOSAL PLACE Burial PLACE East Lawn DATE 2/16/38

20. EMBALMER (LICENSE NO. 1253) SIGNATURE Walter Brown FUNERAL DIRECTOR Citizen's Mortuary Co ADDRESS Sacramento, Calif.

21. FILED Feb. 16, 1938 DATE ON D

25. IF DEATH WAS DUE TO EXTERNAL CAUSES (EVIDENCE) ACCIDENT, SUICIDE OR HOMICIDE? NO DATE OF INJURY \_\_\_\_\_ CITY OR TOWN OF \_\_\_\_\_ COUNTY AND STATE OF \_\_\_\_\_ DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE? \_\_\_\_\_ MANNER OF INJURY \_\_\_\_\_ NATURE OF INJURY \_\_\_\_\_

26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY \_\_\_\_\_

27. SIGNATURE W. Chambers M.D. ADDRESS Sacramento Co. Hosp.

28. WHEN REQUIRED BY LAW \_\_\_\_\_ CORONER

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.



Michael L. Rodrian  
STATE REGISTRAR OF VITAL RECORDS

04 DEC 23 PM 1:44  
DATE ISSUED



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE