

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

For economy and convenience use both sides; first A, next B. This blue blank must not be distributed to the public. It is furnished solely for Local Registrars in their own offices, either for keeping the local record or in furnishing to the County Recorder for the Special County Record complete and accurate copies, whether for a city of any size or for a rural district.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH, DIST. No. _____
(To be inserted by Registrar)

County of LOS ANGELES

City of LOS ANGELES

District _____

California State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(No. 124 So. Manhattan St.; _____ Ward)

State Index No. _____

Local Registered No. 9757

[If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Nos. 18a and 18b.]

2 FULL NAME JOHANNA DENNISON

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

7 DATE OF BIRTH July 28 1861
(Month) (Day) (Year)

8 AGE 61 years - months - days or - min.
If LESS than 1 day, _____ hrs.

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

(c) Name of employer _____

10 BIRTHPLACE (State or country city or town) New Jersey

11 NAME OF FATHER Martin Wall

12 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

13 MAIDEN NAME OF MOTHER Anna Burke

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

15a LENGTH OF RESIDENCE

At Place of Death 1 years _____ months _____ days
(Primary registration district)
(If nonresident, give city or town and state)

In California 3 years _____ months _____ days

How long in U.S., if of foreign birth? _____ years _____ months _____ days

16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Frank Fitzgerald
(Address) 124 S. Manhattan Pl.

Filed _____ 10 _____ _____ _____
Subregistrar

Filed Dec. 19 19 22
Registrar or Deputy

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH December 18 1922
(Month) (Day) (Year)

18 I HEREBY CERTIFY, That I attended deceased from Dec. 11 1922 to Dec. 18 1922

that I last saw her alive on Dec. 13 1922

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

Broncho pneumonia and acute bronchitis.

(Duration) _____ years _____ months 19 days
Contributory Exophthalmic Goitre & myocarditis

(Duration) 20 years _____ months _____ days

19a Where was disease contracted

if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James T. Murray M. D.

Dec. 19 1922 (Address) 412 W. 6th St.

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

19b PLACE OF BURIAL OR REMOVAL Calvary Cem. DATE OF BURIAL Dec. 20 1922

20 UNDERTAKER Cunningham & O'Connor EMBALMER'S LICENSE No. _____

ADDRESS 1031 South Grand Ave. 1425

LOS ANGELES COUNTY, CALIFORNIA

James T. Murray
REGISTRAR-RECORDER

MAR 12 1982



This is a true certified copy of the record
It bears the seal, imprinted in purple ink,
of the Registrar-Recorder.