

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

352 40 035681 - 3221 DISTRICT No. 1901 REGISTRAR'S No. 8592
 1. FULL NAME JOHN B. ADAMS

2. PLACE OF DEATH: (A) COUNTY LOS ANGELES
 (B) CITY OR TOWN LOS ANGELES 40
 IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL
 (C) NAME OF HOSPITAL OR INSTITUTION Hollywood Hospital
 IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION
 (D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)
 IN HOSPITAL OR INSTITUTION 6 days
 IN THIS COMMUNITY 34 yrs. IN CALIFORNIA 34 yrs.
 (E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. YEARS

3. USUAL RESIDENCE OF DECEASED:
 (A) STATE California 122
 (B) COUNTY Los Angeles
 (C) CITY OR TOWN No. Hollywood
 IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL
 (D) STREET No 11585 HARTSOOK ST.
 20. DATE OF DEATH: MONTH JUNE DAY 24
 YEAR 1940 HOUR 10: MINUTE 50 P.M.

3. (A) IF VETERAN, NAME OF WAR NONE
 3. (B) SOCIAL SECURITY No. 560-12-0274
 4. SEX male
 5. COLOR OR RACE white
 6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED married
 6. (B) NAME OF HUSBAND OR WIFE Ethel E. ADAMS
 6. (C) AGE OF HUSBAND OR WIFE IF ALIVE 48 YEARS

21. MEDICAL CERTIFICATE
 I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM 19 TO 19 THAT I LAST SAW HIM ALIVE ON 19 IN DEATH ON THE DATE AND HOUR AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE.
 22. CORONER'S CERTIFICATE
 I HEREBY CERTIFY, THAT I HELD AN Autopsy ON THE REMAINS OF THE DECEASED AND FIND FROM SUCH ACTION THAT DECEASED CAME TO DEATH ON THE DATE AND HOUR STATED ABOVE.

7. BIRTHDATE OF DECEASED JUNE 21 - 1891
 MONTH DAY YEAR
 8. AGE 49 YRS. 0 MOS. 3 DAYS IF LESS THAN ONE DAY OLD HRS. MIN.
 9. BIRTHPLACE Wharton, Texas
 10. USUAL OCCUPATION Stage Technician
 11. INDUSTRY OR BUSINESS Motion Picture Studio
 12. NAME Thad T. Adams
 13. BIRTHPLACE Unk. Texas
 14. MAIDEN NAME Alice J. Whitney
 15. BIRTHPLACE Unk- Virginia
 16. (A) INFORMANT Ethel E. Adams
 (B) ADDRESS 11585 HARTSOOK ST. N. HOLLYWOOD

IMMEDIATE CAUSE OF DEATH Acute peritonitis
 DURATION
 DUE TO Intestinal obstruction
 DUE TO Gangrene of gut from strangulated inguinal hernia.
 OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH)
 MAJOR FINDINGS: OF OPERATIONS DATE OF OPERATION
 OF AUTOPSY As above.
 PHYSICIAN UNDERLINE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

17. (A) ENTOMBMENTS BY DATE JUNE 28 - 40
 BURIAL, CREMATION OR REMOVAL
 (C) PLACE Hollywood CEMETERY.
 18. (A) EMBALMER'S SIGNATURE Ben R. Rame LICENSE No. 2661
 (B) FUNERAL DIRECTOR Irvy H. OVERHOLTZER INC
 ADDRESS 1719 - So. FLOWER ST.
 BY J. H. Overholzer
 19. (A) JUN 27 1940 DATE FILED (B) REGISTRAR SIGNATURE Frank A. Nance

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
 (A) ACCIDENT, SUICIDE, OR HOMICIDE? (B) DATE OF INJURY
 (C) WHERE DID INJURY OCCUR? CITY OR TOWN COUNTY STATE
 (D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? SPECIFY TYPE OF PLACE WHILE AT WORK?
 (E) MEANS OF INJURY
 24. CORONER'S OR PHYSICIAN'S SIGNATURE (SPECIFY WHICH) FRANK A. NANCE, CORONER BY W. G. Macdonald DEPUTY
 ADDRESS 11585 HARTSOOK ST. DATE 6-26-40

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS

1062517

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
 MICHAEL L. RODRIAN
 STATE REGISTRAR OF VITAL RECORDS

01 FEB 20 PM 3:19

DATE ISSUED

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

