

## 52-019(M)3 CERTIFICATE OF DEATH

|  |                               |                            |                                     |                                   |                                 |
|--|-------------------------------|----------------------------|-------------------------------------|-----------------------------------|---------------------------------|
| 1. GENDER                                    | 2. RACE                       | 3. MARRITAL STATUS         | 4. DATE OF BIRTH                    | 5. PLACE OF DEATH                 | 6. LOCATION                     |
| Male   | White                         | Married                    | Feb. 28, 1907                       | Napa, California                  | USA                             |
| NAME AND ADDRESS OF FATHER                   |                               | NAME AND ADDRESS OF MOTHER |                                     | NAME AND ADDRESS OF SPOUSE        |                                 |
| Louis Deglia, Italy                          |                               | Brunia Borato, Italy       |                                     | Leone Deglia                      |                                 |
| I WAS RELEASED FROM THE 9 ANHED FUND         |                               |                            |                                     | Andrew Deglia                     |                                 |
| Unknown                                      |                               |                            |                                     |                                   |                                 |
| NAME AND ADDRESS OF HOSPITAL OR INSTITUTION  |                               |                            |                                     | X                                 |                                 |
| Howard Memorial Hospital                     |                               |                            |                                     | South Main Street Napa (Monolith) |                                 |
| 10. STATE                                    | 11. CITY                      | 12. ZIP CODE               | 13. ADDRESS                         | 14. STATE                         | 15. CITY                        |
| California                                   | Mendoice                      | Willits                    | X                                   | California                        | Main Street                     |
| 16. CAUSE OF DEATH                           |                               |                            |                                     |                                   |                                 |
| Pneumonia                                    |                               |                            |                                     |                                   |                                 |
| 17. DATE OF DEATH                            | 18. PLACE OF DEATH            | 19. MANNER OF DEATH        | 20. DATE RECEIVED BY LOCAL REGISTRY | 21. SIGNATURE OF LOCAL REGISTRY   | 22. SIGNATURE OF LOCAL REGISTRY |
| 8/16/52                                      | Tulocay Cemetery, Napa (Cal.) | Pneumonia                  | Aug. 12, 1952                       | George E. Wren                    | George E. Wren                  |
| 23. PLACE OF BURIAL                          |                               |                            |                                     |                                   |                                 |
| Buff & Piffco Funeral Home, Napa, California |                               |                            |                                     |                                   |                                 |
| 24. DATE OF BURIAL                           |                               |                            |                                     |                                   |                                 |
| Aug. 12, 1952                                |                               |                            |                                     |                                   |                                 |
| 25. PLACE OF AUTOPSY                         |                               |                            |                                     |                                   |                                 |
| Coroner, Thrombosis                          |                               |                            |                                     |                                   |                                 |
| 26. DATE OF AUTOPSY                          |                               |                            |                                     |                                   |                                 |
| Aug. 12, 1952                                |                               |                            |                                     |                                   |                                 |
| 27. DATE OF EXAMINATION                      |                               |                            |                                     |                                   |                                 |
| Aug. 12, 1952                                |                               |                            |                                     |                                   |                                 |
| 28. NAME AND ADDRESS OF OPERATOR             |                               |                            |                                     |                                   |                                 |
| John Deglia                                  |                               |                            |                                     |                                   |                                 |
| 29. DATE OF EXAMINATION                      | 30. PLACE OF EXAMINATION      | 31. LOCATION               | 32. DATE OF EXAMINATION             | 33. PLACE OF EXAMINATION          | 34. LOCATION                    |
|  |                               |                            |                                     |                                   |                                 |
| 35. TIME OF EXAMINATION                      | 36. INJURY DECLARED           | 37. HOW DID INJURY OCCUR?  | 38. TIME OF EXAMINATION             | 39. INJURY DECLARED               | 40. HOW DID INJURY OCCUR?       |
| 10:00 AM                                     | 10:00 AM                      | 10:00 AM                   | 10:00 AM                            | 10:00 AM                          | 10:00 AM                        |