

# STATE OF CALIFORNIA

## DEPARTMENT OF HEALTH SERVICES

1 PLACE OF DEATH

CALIFORNIA STATE BOARD OF HEALTH

State Index No. 7

COUNTY OF SANTA CLARA

BUREAU OF VITAL STATISTICS

Local Registered No. 217

STANDARD CERTIFICATE OF DEATH

**16-010691**

Town of County Hospital  
 City of San Jose (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give the NAME instead of street and number, and fill out Nos. 18a and 18b)

2 FULL NAME Frank Graves

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR or RACE White 5 Single Single  
 Married Widowed or Divorced (Write the Word)

6 HUSBAND OF \_\_\_\_\_  
 7 WIFE OF \_\_\_\_\_  
 8 DATE OF BIRTH March 1916  
 (Month) (Day) (Year)

9 AGE 56 years \_\_\_\_\_ months \_\_\_\_\_ days  
 IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ mins?

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

11 BIRTHPLACE (State or Country) Ohio

PARENTS  
 12 NAME OF FATHER Matthew  
 13 BIRTHPLACE OF FATHER (State or Country) Matthew  
 14 MAIDEN NAME OF MOTHER Matthew  
 15 BIRTHPLACE OF MOTHER (State or Country) Matthew

16a LENGTH OF RESIDENCE  
 At Place of Death \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
 (Primary registration district)  
 In California 31 years \_\_\_\_\_ months \_\_\_\_\_ days

17 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 Informant County Hospital Rec. cl

18 (Address) Henry B. Corrao  
 Filed APR - 5 1916 Subregistrar  
D. J. FLANNERY  
 Registrar or Deputy

MEDICAL CERTIFICATE OF DEATH

19 DATE OF DEATH March 23 1916  
 (Month) (Day) (Year)

20 I HEREBY CERTIFY, That I attended deceased from March 15 1916, to March 22 1916  
 that I last saw him alive on March 22 1916  
 and that death occurred on the date stated at 5:20 am.  
 The CAUSE OF DEATH\* was as follows:

Cerebral hemorrhage  
Quercus of Brain  
 (Duration) \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
 Contributory (Duration) \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

State whether attributed to dangerous or insanitary conditions of employment \_\_\_\_\_  
 Signed James P. Wilson M. D.  
March 23 1916 (Address) San Jose

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) Means of injury; and (2) whether (probably) Accidental, Suicidal or Homicidal.

18b SPECIAL INFORMATION for Hospitals, Institutions, Transients or Recent Residents  
 Where was disease contracted? Hospital  
 if not at place of death?  
 Former or usual residence San Jose

19 PLACE OF BURIAL OR REMOVAL Co. Hospital DATE OF BURIAL March 24 1916  
 20 UNDERTAKER Co ADDRESS \_\_\_\_\_

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

Molly Joel Coye, MD, MPH, Director and State Registrar of Vital Statistics  
 by: Michael Davis  
 MICHAEL DAVIS, CHIEF  
 OFFICE OF STATE REGISTRAR

878417

DATE ISSUED  
 DEC 14 1993

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