WH

1 PLACE OF DEATH. Dist. No. 1990 (To be inserted by Registrar)
County of Los Angeles
City or Town of
or Rural Registration District County Farm, Calif.

California State Board of Health
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

26-019626

Local Registered No. 131

(No. County Farm St.; INF 7 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Edward H. Springer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
COLOR OR RACE: White
4 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

4a If married, widowed, or divorced HUSBAND of [redacted] Effie M. Springer

5 DATE OF BIRTH: February 9. 1861 (Month) (Day) (Year)

6 AGE: 65 years 2 months 15 days
If LESS than 1 day, hrs. or min

7 OCCUPATION
(a) Trade, profession, or particular kind of work: Draper
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

8 BIRTHPLACE (State or country, city or town): California.

PARENTS

10 NAME OF FATHER: James Springer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14a LENGTH OF RESIDENCE
At Place of Death 1 years 7 months 26 days
(Primary registration district)
(If nonresident, give city or town and state)
In California 65 years months 15 days
How long in U.S., if of foreign birth? -- years -- months -- days

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. B. Wright
(Address) County Farm, California.

15 Filed April 24. 1926 J. B. Wright Registrar-ex Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 24. (Day) 1926 (Year)

17 I HEREBY CERTIFY, That I attended deceased from August 29. 1924, to April 24. 1926
that I last saw him alive on April 24. 1926
and that death occurred on the date stated above at 11:15AM
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Right Hemiplegia(2nd)

(Duration) -- years 2 months -- days

Contributory Senility

(Duration) 10 years -- months -- days

18b 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? None

(Signed) James Houlroose M. D.
April 24. 1926 (Address) County Farm, Calif.

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

19 PLACE OF BURIAL OR REMOVAL: Santa Monica, Calif.
DATE OF BURIAL: 19

20 UNDERTAKER: Mendenhall Funeral Home.
ADDRESS 1318 Fourth Street
EMBALMER'S LICENSE No.