

ANITA SIERRA DEATH CERTIFICATE

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

1. PLACE OF DEATH: DIST. NO. 1901
 COUNTY OF Los Angeles STANDARD CERTIFICATE OF DEATH LOCAL REGISTERED NO. 9501
 CITY, TOWN OR RURAL DISTRICT OF Los Angeles STREET AND NO. L.A. Co. Gen'l. Hospital
 IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NO.
 2. FULL NAME WALSER...ANITA
 RESIDENCE: No. 2001 Cypress Avenue ST. _____ CITY OR TOWN, AND STATE _____
USUAL PLACE OF ABODE

3. SEX Female 4. COLOR OR RACE Gauc. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD) Married
 5A. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE John Walsar
 6. DATE OF BIRTH May 12 1874
MONTH DAY YEAR
 7. AGE 61 YR. 2 MO. 14 DAYS IF LESS THAN ONE DAY HRS. MIN
 OCCUPATION 8. TRADE, PROFESSION OR KIND OF WORK DONE AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILKMILL, SAWMILL, BANK, ETC. _____
 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (NO. AND YR.) _____ 11. TOTAL YEARS SPENT IN THIS OCCUPATION _____
 12. BIRTHPLACE (CITY OR TOWN) Santa Clara,
 STATE OR COUNTRY California
 FATHER 13. NAME Jesus Sierras
 14. BIRTHPLACE (CITY OR TOWN) Sonora,
 STATE OR COUNTRY Mexico
 MOTHER 15. MAIDEN NAME Luz Lemon
 16. BIRTHPLACE (CITY OR TOWN) Sonora,
 STATE OR COUNTRY Mexico
 17. LENGTH OF RESIDENCE
 A. CITY, TOWN OR RURAL DISTRICT OF DEATH 45 YRS. _____ MOS. _____ DAYS _____
 B. IN CALIFORNIA life YRS. _____ MOS. _____ DAYS _____
 C. IN U.S., IF OF FOREIGN BIRTH YRS. _____ MOS. _____ DAYS _____
 18. INFORMANT (SIGNATURE) L. A. Co. Gen. Hosp.
 ADDRESS 1200 N. State St.
 19. BURIAL, CREMATION OR REMOVAL? Burial
 PLACE Calvary Cemetery DATE 7/29/35
 20. EMBALMER (LICENSE NO. 1646) Clyde Wilson
 SIGNATURE Jesus Ramiro
 FUNERAL DIRECTOR ADDRESS 4545 Brooklyn Ave.
 21. FILED JUL 29 1935 DATE George Parish Jr. REGISTRAR

22. DATE OF DEATH July 26 1935
MONTH DAY YEAR
 23. MEDICAL CERTIFICATE OF DEATH
 I HEREBY CERTIFY, THAT I ATTENDED DECEASED, FROM 7/24/35 TO 7/26/35; THAT I LAST SAW H. AL ALIVE ON 7/26/35 AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF 2:50 P. M.
 24. CORONER'S CERTIFICATE OF DEATH
 I HEREBY CERTIFY, THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD AN _____ INQUEST, AUTOPSY OR INQUIRY THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO HIS DEATH ON THE DATE STATED ABOVE.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS:
1) Rupture of Gall Bladder
2) Peritonitis
 DATE OF ONSET _____
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____
 IF OPERATION, DATE OF None WAS THERE AN AUTOPSY? Yes
 CONDITION FOR WHICH PERFORMED NAME LABORATORY TEST CONFIRMING DIAGNOSIS Autopsy
 25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:
 ACCIDENT, SUICIDE OR HOMICIDE? _____ DATE OF INJURY _____
 INJURED AT _____ CITY OR TOWN OF _____ COUNTY AND STATE OF _____
 DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE? _____
 MANNER OF INJURY _____
 NATURE OF INJURY _____
 26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY _____
 27. SIGNATURE AS Lloyd M. D. PHYSICIAN
 ADDRESS 1200 State St. PHYSICIAN
 28. WHEN REQUIRED BY LAW _____ CORONER