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FOIA6

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

1 PLACE OF DEATH. DIST. NO. 1501 (To be inserted by Registrar)

COUNTY OF KERN

CITY OF BAKERSFIELD

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

State Index No. ____

Local Registered No. 255

(If death occurred in a hospital or institution, give its NAME instead of street and number and do not fill in Item 11)

(No. Kern General Hospital ST.: WARD)

1 Full Name [redacted]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Indian
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (If married, widowed or divorced): Widowed
If married, widowed or divorced: HUSBAND of [redacted]
6 DATE OF BIRTH: Unknown (Month) (Day) 1 (Year)
7 AGE: [redacted] years months days hours or min. If LESS than 1 day
8 OCCUPATION (a) Trade, profession or particular kind of work: Housewife (b) General nature of industry, business, or establishment in which employed (or employer): (c) Name of employer:
9 BIRTHPLACE (State or country): California
10 NAME OF FATHER: [redacted]
11 BIRTHPLACE OF FATHER (City or town) (State or country): Calif.
12 MAIDEN NAME OF MOTHER: [redacted]
13 BIRTHPLACE OF MOTHER (City or town) (State or country): Calif.
14 LENGTH OF RESIDENCE: At Place of Death ____ years ____ months 1/2 days (Primary registration district) (If unincorporated, give city or town and state) In California Life years ____ months ____ days How long in U. S., if of foreign birth? ____ years ____ months ____ days

I HEREBY CERTIFY, That I attended deceased from [redacted] to [redacted], that I last saw deceased alive on [redacted], and that death occurred on the date stated above at 11P m. The CAUSE OF DEATH was as follows:

[redacted]

Contributory Hemorrahagic

(Duration) ____ years ____ months ____ days

(Where was disease contracted, if not at place of death?) ____

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) Y J Nyvall M.D.

6-12- 24 (Address) Bakersfield, Calif.

"State the Disease Causing Death, or in deaths from Violence Causes, state (1) Whether Accidental, Suicidal or Homicidal; (2) Means or Agency: and (3) Whether (probably) Accidental, Suicidal, or Homicidal"

15 PLACE OF BURIAL OR REMOVAL: Tejon Indian Regery.
DATE OF BURIAL: 6-14-24
16 UNDERTAKER: Clifford P Hopson
ADDRESS: Bakersfield, Calif.
LICENSE No.: 1538

I HEREBY CERTIFY, That I attended deceased from [redacted] to [redacted], that I last saw deceased alive on [redacted], and that death occurred on the date stated above at [redacted] m. The CAUSE OF DEATH was as follows:

[redacted]

(Duration) ____ years ____ months ____ days

(Where was disease contracted, if not at place of death?) ____

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) ____ M.D.

6-12- 24 (Address) ____

"State the Disease Causing Death, or in deaths from Violence Causes, state (1) Whether Accidental, Suicidal or Homicidal; (2) Means or Agency: and (3) Whether (probably) Accidental, Suicidal, or Homicidal"

15 PLACE OF BURIAL OR REMOVAL: ____
DATE OF BURIAL: ____
16 UNDERTAKER: ____
ADDRESS: ____
LICENSE No.: ____

I HEREBY CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Coroner) B.A. Davis
(Address) Kern Gen. Hosp.

Filed 6-12- 24 V. Van Cleve
(Registrar of Kern)

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED
MAY 12 2006

000421765

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James W. Fitch
ASSESSOR RECORDER

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

1 PLACE OF DEATH. DIST. No. 1501 (To be inserted by Registrar)

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

State Index No.
Local Registered No. 276

COUNTY OF KERN
CITY OF BAKERSFIELD
or Rural Registration District

(No. 117 Tulare St. ST.; WARD) (If death occurred in a hospital or institution, give its name instead of street and number and fill out Nos. 10a and 10b.)

2 Full Name [redacted]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Indian
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single
6 If married, widowed, or divorced HUSBAND of (or) WIFE of
7 DATE OF BIRTH: [redacted] (Month) (Day) (Year)
8 AGE: About 17 years 2 months 7 days. If LESS than 1 day, hrs or min.
9 OCCUPATION (a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
10 BIRTHPLACE (State or country, city or town): Tejon Reservation, Calif.

PARENTS
10 NAME OF FATHER: [redacted]
11 BIRTHPLACE OF FATHER (city or town) (State or country): California
12 MAIDEN NAME OF MOTHER: [redacted]
13 BIRTHPLACE OF MOTHER (city or town) (State or country): California

14a LENGTH OF RESIDENCE
At Place of Death 8 years months days
(Primary registration district)
(If nonresident, give city or town and state)
In California Life years months days
How long in U. S. if of foreign birth? years months days

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arpellia Cordero
(Address) Bakersfield, Calif.

16 Filed , 19 , Subregistrar
Filed Nov. 12 , 19 30. P.J. Cuneo Registrar or Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: [redacted] (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from [redacted]

(Duration) years 6 months days

Contributory: Same as above

(Duration) years months days

18b Where was disease contracted if not at place of death? at place of death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical & Lab. Exam.

(Signed) O. A. Handis M.D.
Nov. 12 19 30 (Address) 1806½ E St. Bakersfield Calif.

*State the Disease Causing Death, or, in deaths from Violent Causes, Disease or Injury, and (2) whether (probably) Accidental, Suicidal, or Homicidal.

19 PLACE OF BURIAL OR REMOVAL: Tejon Reservation
DATE OF BURIAL: Nov. 13 19 30

20 UNDERTAKER: Clifford P. Hopson
ADDRESS: Bakersfield, Calif.
Embalmer's License No. 1754

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED MAY 12 2006

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James W. Fitch
ASSESSOR RECORDER

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Pr 1E

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

DISTRICT AND CERTIFICATE NUMBER 1500 1060

DECEDENT PERSONAL DATA

1a NAME OF DECEASED—FIRST NAME [redacted]	1b MIDDLE NAME –	1c LAST NAME [redacted]	2a DATE OF DEATH [redacted]	2b HOUR 8:15 P		
3 SEX Female	4 COLOR OR RACE Indian	5 BIRTHPLACE Califorina	6 DATE OF BIRTH [redacted]	7 AGE [redacted] YEARS		
8 NAME AND BIRTHPLACE OF FATHER [redacted] -Calif.		9 MAIDEN NAME AND BIRTHPLACE OF MOTHER [redacted] -Calif.	10 CITIZEN OF WHAT COUNTRY U.S.A.	11 SOCIAL SECURITY NUMBER None		
12 LAST OCCUPATION Housewife	13 49	14 NAME OF LAST EMPLOYING COMPANY OR FIRM --	15 KIND OF INDUSTRY OR BUSINESS Home			
16 No	17 Widowed	18a NAME OF PRESENT SPOUSE --	18b PRESENT OR LAST OCCUPATION OF SPOUSE --			

PLACE OF DEATH

19a PLACE OF DEATH—NAME OF HOSPITAL Kern General Hospital	19b STREET ADDRESS—GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P. O. BOX NUMBERS 1830 Flower Street		
19c CITY OR TOWN Bakersfield	19d COUNTY Kern	19e LENGTH OF STAY IN COUNTY OF DEATH 69 YEARS	19f LENGTH OF STAY IN CALIFORNIA 69 YEARS

LAST USUAL RESIDENCE

20a LAST USUAL RESIDENCE—STREET ADDRESS [redacted]	20b IF INSIDE CITY CORPORATE LIMITS ☐ IF OUTSIDE CITY CORPORATE LIMITS ☒	21a NAME OF INFORMANT [redacted]	
20c CITY OR TOWN Bakersfield	20d COUNTY Kern	20e STATE Californis	21b [redacted] Bakersfield

PHYSICIAN'S / CORONER'S CERTIFICATION

22a PHYSICIAN I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 10-31-56 7-11-59 AND THAT I SAW THE DECEASED ON 7-11-59	22b CORONER I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW	22c PHYSICIAN OR CORONER—SIGNATURE Charles W. Holeman M.D.	
		22d ADDRESS Bakersfield, California	22e DATE SIGNED 7-11-59

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23 Burial	24 DATE July 16/59	25 NAME OF CEMETERY OR CREMATORY Indian Cemetery Tejon, California	26 EMBALMER—SIGNATURE OF BODY EMBALMED [illegible] 2253	
27 NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH The Hopson Mortuary	28 DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR JUL 16 1959	29 LOCAL REGISTRAR—SIGNATURE Wm. C. Buss, M. D. W. Briggs		

CAUSE OF DEATH

30 CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).

PART I. DEATH WAS CAUSED BY:
- IMMEDIATE CAUSE (a) [illegible]
- CONDITIONS IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST — DUE TO (b)
- DUE TO (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL ILLNESS GIVEN IN PART I.

OPERATION AND AUTOPSY

31 OPERATION—CHECK ONE	32 DATE OF OPERATION	33 AUTOPSY—CHECK ONE

INJURY INFORMATION

34a SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34b DESCRIBE HOW INJURY OCCURRED			
35a TIME OF INJURY HOUR MONTH DAY YEAR				
35b INJURY OCCURRED ☐ WHILE AT WORK ☐ NOT WHILE AT WORK	35c PLACE OF INJURY	35d CITY, TOWN OR LOCATION	STATE	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED MAY 0 8 2006

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ASSESSOR RECORDER

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

1 PLACE OF DEATH

COUNTY OF KERN

TOWN OF .....
OR
CITY OF ..... (No. ..... St.; ..... Ward)

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

State Index No. .....
Local Registered No. 10 .....
(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out Sec. 11A and 11B.)

2 Full Name [redacted]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Indian
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow
6a HUSBAND OF
6b WIFE OF
6 DATE OF BIRTH: ..... (Month) ..... (Day) 1[illegible] (Year)
7 AGE: [redacted] years ... months ... days
If LESS than 1 day, ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): California.
PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (State or country):
12 MAIDEN NAME OF MOTHER:
13 BIRTHPLACE OF MOTHER (State or country):
13a LENGTH OF RESIDENCE
At Place of Death [redacted] years ... months ... days
(Primary registration d[illegible])
In California [redacted] years ... months ... days
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Adolfo Encinas
(Address) Fejon Ranch, California
15 Filed ..... 191..... Subregistrar
Filed Jan 22, 1916 Chas. A. Lee Registrar or Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH [redacted]
17 I HEREBY CERTIFY, That I attended deceased from ....., 191..; that I last saw h[illegible] alive on ....., 191..; and that death occurred on the date stated above at ..... M.
The CAUSE OF DEATH * was as follows:
Old Age
(Duration) ... years ... months ... days
Contributory
(Duration) ... years ... months ... days
State whether attributed to dangerous or insanitary conditions of employment
(Signed) J. C. Flickinger Dist Coroner M. D.
Jan. 23 1916 (Address) Bakersfield

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

18 SPECIAL INFORMATION FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Indian Village — DATE OF BURIAL: Jan 23 1916
20 UNDERTAKER: Templeton & Co. — ADDRESS: Bakersfield, Cal.

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA } ss
COUNTY OF KERN
DATE ISSUED
MAY 12 2006
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000421209
James W. Fitch
ASSESSOR RECORDER

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

1 PLACE OF DEATH. DIST. No. 1561

COUNTY OF KERN

STATE OF CALIFORNIA
Department of Public Health
VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Local Registered No. 293

If death occurred in a hospital or institution give its NAME instead of street and number

Kern General Hospital

2 Full Name [redacted]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Indian
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single
5a If married, widowed, or divorced — HUSBAND of (or) WIFE of
6 DATE OF BIRTH: No Record (Month) (Day) , (Year)
7 AGE: About [redacted] years months days — If LESS than 1 day, hrs. or min.
8 OCCUPATION (a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: None
9 BIRTHPLACE (State or country) (city or town): Tejon Canyon, Calif.
10 NAME OF FATHER: [redacted]
11 BIRTHPLACE OF FATHER (city or town) (State or country): Tejon Canyon, Calif.
12 MAIDEN NAME OF MOTHER: [redacted]
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Tejon Canyon, Calif.
PARENTS
14a LENGTH OF RESIDENCE
At Place of Death: Life years months days
(Primary registration district)
(If transient, give city or town and state)
In California: Life years months days
How long in U. S., if of foreign birth? years months days
14 I HEREBY CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): J. Bruce Payne
(Address): Bakersfield, Calif.
15 Filed Sept 4, 30 P. J. Cuneo (Signature of Deputy)

CORONER'S CERTIFICATE OF DEATH

DATE OF DEATH: [redacted] (Month)
I HEREBY CERTIFY, as to the person above named and [redacted] years
herein described, That on [redacted]
I held an inquest and the jury rendered a verdict on the death.
Or, that I have investigated the death officially on account of Diabetes Gamez
The CAUSE OF DEATH* was as follows:
[redacted]
Approximate interval between onset and death: days
Contributory conditions of importance: days
Occupation: Laborer
Employer: [redacted]
Address: [redacted] (Address) Kern County
*Enter 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.)
SPECIAL INFORMATION for hospitals, institutions, transients or found bodies
Name of disease concerned: I.D.
If not at place of death:
Physician's address:
*Enter the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL.

16 PLACE OF BURIAL OR REMOVAL: Tejon Canyon, Calif.
DATE OF BURIAL: Sept. 4 1930
17 UNDERTAKER: Payne & Son
ADDRESS: Bakersfield, Calif.
EMBALMER'S LICENSE No. 1274

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED
MAY 08 2006

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James W Fitch
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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

1 PLACE OF DEATH. DIST. No 1551 (To be inserted by Registrar)

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

State Index No.
Local Registered No. 66.

COUNTY OF KERN
Indian Village.
Rural Registration District Tejon Ranch (No. ST.: WARD)

(If death occurred in a hospital or institution, give its [illegible] instead of street and number and [illegible] out [illegible] and [illegible])

1 Full Name [redacted]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Indian
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single
5a HUSBAND OF
5b WIFE OF
6 DATE OF BIRTH: Unknown (Month) (Day) (Year)
7 AGE: about [redacted] years months days If LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer): At home
9 BIRTHPLACE (State or country): California
10 NAME OF FATHER: [redacted]
11 BIRTHPLACE OF FATHER (State or country): California
12 MAIDEN NAME OF MOTHER: [redacted]
13 BIRTHPLACE OF MOTHER (State or country): California
14 LENGTH OF RESIDENCE: At Place of Death about [redacted] years months days (Primary registration district) In California about [redacted] years months days
15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) [redacted]
(Address) Indian Village, Cal.
16 Filed ... 19 ... Subregistrar
Filed Aug-7-1918 Chas. A. Lea, Registrar's Deputy

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH [redacted]

17 I HEREBY CERTIFY, as to the person above named and herein described, That on Aug. 5, 1918, I held an inquest and the jury rendered a verdict on the death Or, That I have investigated the death officially on account of Dave Gomez.

[redacted]

(Duration) years months days
Contributory
(Duration) years months days
State whether attributed to dangerous or insanitary conditions of employment
(Signed) J. C. Flickinger, Dept. Coroner D.
Aug. 6, 1918 (Address) Bakersfield.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether (probably) Accidental, Suicidal, or Homicidal.

18a SPECIAL INFORMATION FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS
Where was disease contracted, if not at place of death?
Former or usual residence City State

19 PLACE OF BURIAL OR REMOVAL: Indian Village
DATE OF BURIAL: Aug. 7, 1918
20 UNDERTAKER: Dixon & Flickinger
ADDRESS: Bakersfield, Cal.
LICENSE No. 589.

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED
MAY 0 8 2006

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James W. Fitch
ASSESSOR RECORDER

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

49

A. CARLISLE & CO., S. F. 87540

1 PLACE OF DEATH. DIST. NO. 1551 (To be inserted by Registrar)

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

State Index No.

Local Registered No. 64.

COUNTY OF KERN
City or Town Indian Village, Tejon Ranch
Rural Registration District (No. ST.; WARD)

(If death occurred in a hospital or institution, give its name instead of street and number, and fill out Box 182 and 183.)

2 Full Name [redacted]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Indian
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single
6a HUSBAND OF
6b WIFE OF: Unknown
7 DATE OF BIRTH: Unknown (Month) (Day) (Year)
8 AGE: About [redacted] years months days. If LESS than 1 day, hrs. or min.?
9 OCCUPATION (a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
10 BIRTHPLACE (State or country): California
11 NAME OF FATHER: [redacted]
12 BIRTHPLACE OF FATHER (State or country): California
13 MAIDEN NAME OF MOTHER: [redacted]
14 BIRTHPLACE OF MOTHER (State or country): California
15a LENGTH OF RESIDENCE
At Place of Death (Primary registration district): about 15 years months days
In California: about 15 years months days
16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. R. Gozda
(Address) Tejon Ranch, Cal.
17 Filed, 191 Subregistrar
Filed Aug- 1- 1918. Chas. A. Lee, Registrar or Deputy.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: [redacted]

17 I HEREBY CERTIFY, as to the person above named and herein described, That on July 30, 1918, I held an inquest and the jury rendered a verdict on the death, Or, That I have investigated the death officially on account of Martha Gomey

THE CAUSE OF DEATH was as follows:

[redacted]

(Duration) years months days

Contributory

(Duration) years months days

State whether attributed to dangerous or insanitary conditions of employment

(Signed) J. C. Flickinger, Dept. Coroner.
July 30 1918. (Address) Bakersfield

*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, if not at place of death?
Former or usual residence City State

19 PLACE OF BURIAL OR REMOVAL: Indian Village
DATE OF BURIAL: July 1 1918
20 UNDERTAKER: Dixon & Flickinger
ADDRESS: Bakersfield, Cal.
FUNERAL DIRECTOR'S LICENSE No. 589.

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED MAY 0 8 2006

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James W. Fitch
ASSESSOR RECORDER

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

STATE OF CALIFORNIA — DEPARTMENT OF PUBLIC HEALTH — VITAL STATISTICS — STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH: Dist. No. 1551 — Local Registered No. [illegible]
COUNTY OF KERN — Do not write in this space
CITY, TOWN or RURAL DISTRICT OF Bakersfield — Street and No. Kern General Hospital — If death occurred in hospital or institution, give its NAME

2. FULL NAME [redacted]
Residence: No. Tejon Ranch, Calif. (35 Mi. S.W. of Bakersfield, City or Town) Tejon Ranch, Calif. (Calif.)
Usual Place of abode

3. SEX: Female — 4. COLOR OR RACE: Indian — 5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word): Married
5a. If Married, Widowed or Divorced — Husband or Wife [redacted]

6. DATE OF BIRTH: Month Unknown Day Year
7. AGE: Approx. [redacted] yrs. months days — If LESS than 1 day hrs. min.

OCCUPATION
8. Trade, profession or kind of work done: at Home
9. Industry or business in which work was done, as Sawmill, Farm, Bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total years spent in this occupation

BIRTHPLACE (City or Town) Tejon Ranch
State or Country Kern Co. Calif.

FATHER
12. NAME Unknown
14. BIRTHPLACE (City or Town) "
State or Country "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (City or Town) "
State or Country "

17. Length of Residence
a. City, town or rural district of death life years months days
b. In California life years months days
c. In U. S., if of foreign birth years months days

18. INFORMANT (Signature) Mrs. H.A.Agee
Address Bakersfield, Calif.

19. BURIAL, CREMATION or REMOVAL: Burial
Place Tejon Ranch, Calif. Cemetery Date 1/9/34

20. EMBALMER: License No. 2157 — Signature William L. Wycoff
FUNERAL DIRECTOR Peyne & Son
ADDRESS Bakersfield, Calif.

21. FILED Jan. 9, 1934 — Date — P.J. Cuneo — Local Registrar

22. DATE OF DEATH [redacted]

22. Medical Certificate of Death
I Hereby Certify, that I attended deceased from 2:40 P.M. to 3:30 P.M. 1/4/34; that I last saw her alive on 1/4/34 and that death occurred on the above stated date at the hour of 3:00 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 h death on the date stated above.

The principal cause of death and related causes of [illegible], in order of onset, were as follows:
[redacted]
Was there an Autopsy? Yes
Condition for which performed
Name laboratory test confirming diagnosis Autopsy

23. 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 J.H.Inman M.D.
Physician, Autopsy Surgeon
Address Bakersfield, Calif.

28. When required by law — Coroner
County of KERN

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STATE OF CALIFORNIA } ss
COUNTY OF KERN
DATE ISSUED MAY 0 8 2006
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James W Fitch
ASSESSOR RECORDER
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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

1 PLACE OF DEATH DIST. NO. 155 (To be inserted by Registrar)

COUNTY OF KERN

CITY OF BAKERSFIELD

California State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State Index No. ____

Local Registered No. 105

(No. Tejon Indian Reservation WARD)

2 Full Name [redacted]

PERSONAL AND STATISTIC... ...ONER'S CERTIFICATE OF DEATH

3 SEX: Male

4 COLOR OR RACE: Mex.

5 MARRIED, WIDOWED, OR DIVORCED (If married, widowed, or divorced): Married

HUSBAND of [redacted]

6 DATE OF BIRTH [redacted]

7 AGE: 42 years

8 OCCUPATION: (a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Tejon Ranch

(c) Name of employer

9 BIRTHPLACE (State or country): California

10 NAME OF FATHER [redacted]

11 BIRTHPLACE OF FATHER (City or town) (State or country): California

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country):

PARENTS

14a LENGTH OF RESIDENCE

At Place of Death (Primary; give also city)

(If less, residence, give city or town and state)

In California 42 years

How long in U. S., if of foreign birth? years

14b IS THE ABOVE INFORMANT? (Informant) [redacted]

(Address) Tejon Reserve

15 Filed ____ 19__ ____

Filed May 2 19 06 [redacted]

Deputy Registrar

[redacted]

Date of death: Apr 25 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ____ to ____, that I last saw ____ alive on ____, that I was present at the death of ____ on the above date, and that the cause of death was as stated above.

Time of death: ____ m.

Signed: (Signed) N. C. Houze

Attending Physician

Apr 25 1906 (Address) ____ (Town)

CORONER'S CERTIFICATE: Date of death: ____ I HEREBY CERTIFY, That I held an inquest upon the body of the decedent herein described, That the jury rendered a verdict that the decedent came to ____ death on the date above mentioned, and that the cause of death was as stated above. Or, that ____ Coroner.

The Ca... [redacted]

State whether attributable to dangerous or ____ days

Insanitary conditions of employment ____

(Signed) ____ Assistant Physician

Approved: (Signed) ____ Coroner

Apr 25 1906 (Address) ____ (Town)

"From the Primary Cause Death, or, in deaths from Violence, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (Use space also for additional items.)

If SPECIAL INFORMATION for Hospitals, Institutions, Transients or Unclaimed Dead is desired, see reverse side.

Where did disease contracted, if not at place of death? ____ D.

Person or usual residence ____

"From the Primary Cause Death, or, in deaths from Violence, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL.

16 PLACE OF BURIAL OR REMOVAL: Tejon Indian Reservation

DATE OF BURIAL: Apr 26 1906

17 UNDERTAKER: Bayne & Son

ADDRESS: Bakersfield, Cal.

FILED MAY 2 1906

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STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED
MAY 08 2006

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STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH: Dist. No. 1551

COUNTY OF KERN

Local Registered No. 628

Do not write in this space

CITY, TOWN or RURAL DISTRICT OF Tejon Indian Reservation Street and No. Tejon Indian Reservation, 25 mi. SE of Bakersfield, Calif.

If death occurred in hospital or institution, give its NAME

3. FULL NAME [redacted]

Residence: No. Tejon Indian Reservation St. If Non-Resident, give City or Town, and State

Usual Place of abode

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)
Male	Indian	Married

6a. If Married, Widowed or Divorced, Name of Husband or Wife: Unknown

6. DATE OF BIRTH: Unknown (Month, Day, Year)

7. AGE: About [redacted] years months days | If LESS than 1 day hrs. min.

8. Trade, profession or kind of work done as Spinner, Sawyer, Bookkeeper, etc. None

9. Industry or business in which work was done, as Silkmill, Sawmill, Bank, etc.

10. Date deceased last worked at this occupation (month and year) None 11. Total years spent in this occupation None

12. BIRTHPLACE (City or Town) Tejon Reservation

State or Country Calif.

FATHER
13. NAME Unknown
14. BIRTHPLACE (City or Town) Unknown
State or Country Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (City or Town) Unknown
State or Country Unknown

17. Length of Residence
a. City, town or rural district of death [redacted] years months days
b. In California [redacted] years months days
c. In U.S., if of foreign birth [redacted] years months days

18. INFORMANT (Signature) Howard N. Cash

Address Bakersfield, Calif.

19. BURIAL, CREMATION or REMOVAL: Burial

Place Tejon Indian Reserv. Date 12-13-35

Near Bakersfield, Cal. 2247

20. EMBALMER: License No. Signature Howard N. Cash

FUNERAL DIRECTOR Bakersfield Funeral Home

ADDRESS Bakersfield, Calif.

21. FILED Dec 12 1935 (Date) P. J. Cuneo (Local Registrar)

22. DATE OF DEATH [redacted]

23. Medical Certificate of Death

I Hereby Certify, that I attended deceased from ... to ... that I last saw h ... alive on ... and that death occurred on the above stated date at the hour of ... M.

24. Coroner's Certificate of Death

I Hereby Certify, that I took charge of the remains described above, held an Inquiry 12-11-35 (Inquest, Autopsy or Inquiry) thereon, and from such action find that said deceased came to h ... death on the date stated above.

The principal cause of death and related causes of importance, in order of onset, were as follow[redacted] Date of Onset

Other contributory causes of importance:

If operation, date of ... Was there an Autopsy? no

Condition for which performed

Name laboratory test confirming diagnosis

26. 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

28. If disease/injury related to occupation, specify

27. SIGNATURE ... M. D.

Physician, Autopsy Surgeon

Address

28. When required by law N. C. Houze Coroner

County of KERN by W. B. Golding, Dep

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STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED MAY 0 8 2006

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

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STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 1500 1269

DECEDENT PERSONAL DATA

[redacted]			2a. DATE OF DEATH (MONTH, DAY, YEAR) [redacted]	2b. HOUR 7:50 P	
3. SEX Female	4. COLOR OR RACE Indian	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California	6. DATE OF BIRTH February 11,1911	7. AGE [redacted] YEARS	IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HOURS: HOURS, MINUTES
8. NAME AND BIRTHPLACE OF FATHER [redacted]-Unknown			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER [redacted]-Calif.	10. CITIZEN OF WHAT COUNTRY U.S.A.	11. SOCIAL SECURITY NUMBER None
12. LAST OCCUPATION Housewife		13. DURATION OF THIS OCCUPATION (YEARS) 30	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, GIVE NATURE OF BUSINESS) ---	15. KIND OF INDUSTRY OR BUSINESS Home	
16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE No		17. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	18a. NAME OF PRESENT SPOUSE [redacted]	18b. PRESENT OR LAST OCCUPATION OF SPOUSE Farm Laborer	

PLACE OF DEATH

19a. PLACE OF DEATH—NAME OF HOSPITAL Kern General Hospital		19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) 1830 Flower Street	WITHIN CITY CORPORATE LIMITS ☐	OUTSIDE CITY CORPORATE LIMITS ☒
19c. CITY OR TOWN Bakersfield		19d. COUNTY Kern	19e. LENGTH OF STAY IN COUNTY OF DEATH 49 YEARS	19f. LENGTH OF STAY IN CALIFORNIA 49 YEARS

LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

20a. LAST USUAL RESIDENCE—STREET ADDRESS 1560 Tejon Ranch	20b. IF INSIDE CITY CORPORATE LIMITS ☐	IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE ☒ ☐	21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE) [redacted]
20c. CITY OR TOWN Bakersfield 33	20d. COUNTY Kern	20e. STATE California	21b. ADDRESS OF INFORMANT [redacted] Tejon Ranch, Bakersfield

PHYSICIAN'S OR CORONER'S CERTIFICATION

22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 7-23-60 TO 7-31-60 AND THAT I LAST SAW THE DECEASED ALIVE ON 7-31-60

22c. PHYSICIAN OR CORONER—SIGNATURE Ralph Franklin M.D. TITLE

22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD [redacted] ON THE REMAINS OF DECEASED AS REQUIRED BY LAW

22d. ADDRESS Bakersfield, California

22f. DATE SIGNED 7-31-60

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23. SPECIFY BURIAL, CREMATION, REMOVAL, DONATION Burial	24. DATE Aug.2/60	25. NAME OF CEMETERY OR CREMATORY Tejon Indian Cemetery	26. EMBALMER—SIGNATURE (IF BODY EMBALMED) [redacted]	LICENSE NUMBER 4773
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) The Hopson Mortuary	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR Aug. 1, 1960	29. LOCAL REGISTRAR—SIGNATURE DeWitte T. Boyd, M.D.		

CAUSE OF DEATH

30. CAUSE OF DEATH

PART I. DEATH WAS CAUSED BY: (SEE INSTRUCTIONS)

(a) IMMEDIATE CAUSE [redacted] YR.

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

(b) DUE TO

(c) DUE TO

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

OPERATION AND AUTOPSY

31. OPERATION—CHECK ONE ☒ NO OPERATION PERFORMED ☐ OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH	32. DATE OF OPERATION	33. AUTOPSY—CHECK ONE ☐ NO ☐ AUTOPSY PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☒ ☐ AUTOPSY PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

INJURY INFORMATION

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34b. DESCRIBE HOW INJURY OCCURRED		
35a. TIME OF INJURY HOUR MONTH DAY YEAR			
35b. INJURY OCCURRED ☐ WHILE AT WORK ☐ NOT WHILE AT WORK	35c. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, STREET, FACTORY, OFFICE BLDG.)	35d. CITY, TOWN OR LOCATION	COUNTY STATE

MEDICAL AND HEALTH DATA

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STATE OF CALIFORNIA } ss
COUNTY OF KERN

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

REGISTRATION DISTRICT NO. 1551 — 1373 — **CERTIFICATE OF DEATH** — STATE FILE NO. page 34

DECEDENT PERSONAL DATA

1a NAME OF DECEASED: [redacted]
2a DATE OF DEATH: [redacted]
2b HOUR: 2:00 P.M.
3 SEX: Female
4 COLOR OR RACE: Indian
5 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widow
6 DATE OF BIRTH: [redacted]
7 AGE: [redacted]
8a USUAL OCCUPATION: Housewife
8b KIND OF BUSINESS OR INDUSTRY: Old Age Pension
9 BIRTHPLACE: California
10 CITIZEN OF WHAT COUNTRY: United States
11 NAME AND BIRTHPLACE OF FATHER: [redacted] - California
12 MAIDEN NAME AND BIRTHPLACE OF MOTHER: [redacted] - California
13 NAME OF SPOUSE
14 WAS DECEASED EVER IN U. S. ARMED FORCES? no
15 SOCIAL SECURITY NUMBER: no
16 INFORMANT: Hospital Record

PLACE OF DEATH

17a PLACE OF DEATH: Bakersfield, California
17b LENGTH OF STAY (IN THIS PLACE): 17 Days
17c COUNTY: Kern
17d FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION: Kern General Hospital - 1830 Flower Street, Bakersfield, California

USUAL RESIDENCE

18a STREET ADDRESS: Box 1560
18b CITY OR TOWN: Bakersfield
18c COUNTY: Kern
18d STATE: California

CAUSE OF DEATH

THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH

19 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: [redacted]

ANTECEDENT CAUSES: NOTED CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST — DUE TO (B): — DUE TO (C):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19 II OTHER SIGNIFICANT CONDITIONS: [redacted]

OPERATIONS

20a DATE OF OPERATION
20b MAJOR FINDINGS OF OPERATION
21 AUTOPSY: ☒ YES ☐ NO

DEATH DUE TO EXTERNAL VIOLENCE

22a ACCIDENT, SUICIDE, HOMICIDE (SPECIFY)
22b PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.)
22c LOCATION: CITY OR TOWN — COUNTY — STATE
22d TIME OF INJURY: MONTH, DAY, YEAR, HOUR
22e INJURY OCCURRED: ☐ WHILE AT WORK ☐ NOT WHILE AT WORK
22f HOW DID INJURY OCCUR?

PHYSICIAN'S OR CORONER'S CERTIFICATION

23a CORONER'S CERTIFY THAT I HAVE HELD AN ☐ AUTOPSY ☐ INQUEST OR ☐ INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND THAT THE DECEASED CAME TO DEATH AT THE HOUR AND DATE STATED ABOVE
23b PHYSICIAN'S CERTIFY THAT I ATTENDED THE DECEASED FROM November 3 1950 TO November 20 1950 THAT I LAST SAW THE DECEASED ALIVE ON November 20 1950 AND THAT DEATH OCCURRED FROM THE CAUSES AND AT THE HOUR AND DATE STATED ABOVE
23c SIGNATURE: Dennis J Sullivan M.D. DEGREE OR TITLE — ▶ Dennis J Sullivan MD.
23d ADDRESS: Bakersfield, California
23e DATE SIGNED: 11/21/50

FUNERAL DIRECTOR AND REGISTRAR

24a ☒ BURIAL ☐ CREMATION ☐ REMOVAL
24b DATE: 11-23-50
24c CEMETERY OR CREMATORY: Tejon Cemetery, Tejon Cal.
25 SIGNATURE OF EMBALMER: W. K. Sage — LICENSE NUMBER: 3827
27 DATE RECEIVED BY LOCAL REGISTRAR: 11-23-50
28 SIGNATURE OF LOCAL REGISTRAR: ▶WM. C. BUSS, M. D. — M Randle
29 FUNERAL DIRECTOR: Flickinger Mortuary, Bakersfield

STATE OF CALIFORNIA — DEPARTMENT OF PUBLIC HEALTH

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STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED: MAY 0 8 2006

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

STATE FILE NO. Page 128 — CERTIFICATE OF DEATH — STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH — REGISTRATION DISTRICT NO. 1500 — REGISTRAR'S NUMBER 527

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED: [redacted]
2a. DATE OF DEATH: [redacted] 2b. HOUR: 7:32 P.M.
3. SEX: Male
4. COLOR OR RACE: Indian
5. MARITAL STATUS: Divorced
6. DATE OF BIRTH: [redacted]
7. AGE: [redacted] Years
8a. USUAL OCCUPATION: Ranch Hand
8b. KIND OF BUSINESS OR INDUSTRY: Tejon Ranch
9. BIRTHPLACE: Bakersfield, California
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. NAME AND BIRTHPLACE OF FATHER: [redacted], California
12. MAIDEN NAME AND BIRTHPLACE OF MOTHER: [redacted], California
13. NAME OF PRESENT SPOUSE: None
14. WAS DECEASED EVER IN U. S. ARMED FORCES?: No — IF YES, GIVE WAR OR DATES OF SERVICE: None
15. SOCIAL SECURITY NUMBER: [redacted]
16. INFORMANT: [redacted]

PLACE OF DEATH, and USUAL RESIDENCE

17a. COUNTY: Kern
17b. CITY OR TOWN: Bakersfield
17c. LENGTH OF STAY IN THIS CITY OR TOWN: Life
17d. FULL NAME OF HOSPITAL OR INSTITUTION:
17e. ADDRESS: No Name Road, Tejon Ranch.
18a. STATE: California
18b. COUNTY: Kern
18c. CITY OR TOWN: Bakersfield
18d. STREET OR RURAL ADDRESS: Tejon Indian Reservation

PHYSICIAN'S OR CORONER'S CERTIFICATION

19a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE: Investigation
19a. PHYSICIAN: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ... TO ... AND THAT I LAST SAW THE DECEASED ALIVE ON ...
19c. SIGNATURE: Dep. Coroner — ▶ Stanley Newman, Cor.; By [signature]
19d. ADDRESS: Bakersfield, California
19f. DATE SIGNED: May 3, 1955

FUNERAL DIRECTOR AND REGISTRAR

20a. SPECIFY BURIAL, CREMATION OR REMOVAL: Burial
20b. DATE: May 4, 1955
20c. CEMETERY OR CREMATORY: Bakersfield, California — Tejon Reservation Cemetery
20d. SIGNATURE OF EMBALMER: H.R. Borgedorf — LICENSE NUMBER: 3193
21. FUNERAL DIRECTOR: Bakersfield, California — Armstrong-Flickinger Mortuary
23. DATE RECEIVED BY LOCAL REGISTRAR: MAY 3, 1955
24. SIGNATURE OF LOCAL REGISTRAR: ▶ WM. C. BUSS, M. D. [signature]

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STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED
MAY 0 8 2006

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH: Dist. No. 1551

COUNTY OF KERN

Do not write in this space

Local Registered No. 109

CITY, TOWN or RURAL DISTRICT OF Tejon Canyon

Street and No. Tejon Indian Reservation

If death occurred in hospital or institution, give its NAME Tejon, Calif.

1. FULL NAME [redacted]

Residence: No. Rancheree, Tejon Canyon, Calif. St.
Usual Place of abode

If Non-Resident, give City or Town, and State Tejon, Calif.

2. SEX Female

4. COLOR OR RACE Indian

5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) Married

5a. If Married, Widowed or Divorced, Name of Husband or Wife [redacted]

6. DATE OF BIRTH Unknown
Month Day Year

[redacted] years months days | If LESS than 1 day hrs. min.

OCCUPATION
8. Trade, profession or kind of work done as Spinner, Sawyer, Bookkeeper, etc. Retired
9. Industry or business in which work was done, as Silkmill, Sawmill, Bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total years spent in this occupation

12. BIRTHPLACE (City or Town) Tejon Canyon
State or Country Calif.

FATHER
13. NAME No Record
14. BIRTHPLACE (City or Town) " "
State or Country " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (City or Town) " "
State or Country " "

17. Length of Residence
a. City, town or rural district of death life years months days
b. In California life years months days
c. In U. S., if of foreign birth years months days

18. INFORMANT (Signature) Coroner's Records
Address Kern Co. Calif.

19. BURIAL, CREMATION or REMOVAL? Burial
Place Tejon Cemetery, Write the word Date 3/12/34
Tejon, Calif.

20. EMBALMER License No. 1855
Signature W.F.Byrne

FUNERAL DIRECTOR Hopson Mortuary

ADDRESS Bakersfield, Calif.

21. FILED March 12, 1934
Date

P.J. Cuneo
Local Registrar

22. DATE OF DEATH [redacted]
Month Day Year

23. Medical Certificate of Death

I Hereby Certify, that I attended deceased from ____ to ____ that I last saw h ____ alive on ____ and that death occurred on the above stated date at the hour of ____ M.

24. Coroner's Certificate of Death

I Hereby Certify, that I took charge of the remains described above, held an Inquest 3/10/34
Inquest, Autopsy or Inquiry

thereon, and from such action find that said deceased came to h er death on the date stated above.

The principal cause of death and related causes of importance, in order of onset, were as follows:

Date of Onset

[redacted]

Other contributory causes of importance.

If operation, date of ____ Was there an Autopsy? 25 Q

Condition for which performed ____
Name laboratory test confirming diagnosis ____

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 ____ M. D.
Physician, Autopsy Surgeon
Address ____

28. When required by law N.C.Houze Coroner
County of KERN

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STATE OF CALIFORNIA } SS
COUNTY OF KERN

DATE ISSUED
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CERTIFICATION OF VITAL RECORD

FOIA6

Page 39

1. FULL NAME [redacted]

DISTRICT No ___ REGISTRAR'S No 432

2. PLACE OF DEATH (A) COUNTY Kern
(B) CITY OR TOWN Tejon Ranch
(C) NAME OF HOSPITAL OR INSTITUTION Tejon Ranch
(D) LENGTH OF STAY
IN HOSPITAL OR INSTITUTION
IN THIS COMMUNITY Life IN CALIFORNIA Life
(E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. ___ YEARS

3. USUAL RESIDENCE OF DECEASED
(A) STATE California
(B) COUNTY Kern
(C) CITY OR TOWN Tejon Ranch
(D) STREET No Tejon Ranch

20. DATE OF DEATH: MONTH [redacted]
YEAR [redacted] HOUR 5 MINUTE 30PM

3. (E) IF VETERAN, NAME OF WAR No
3. (F) SOCIAL SECURITY No None

4. SEX Female
5. COLOR OR RACE Indian
6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

6. (B) NAME OF HUSBAND OR WIFE [redacted]
6. (C) AGE OF HUSBAND OR WIFE IF ALIVE ___ YEARS

7. BIRTHDATE OF DECEASED Unknown
MONTH DAY YEAR

8. AGE Ab. 103 YRS ___ MOS ___ DAYS
IF LESS THAN ONE DAY OLD ___ HRS ___ MIN

9. BIRTHPLACE California
10. USUAL OCCUPATION Housewife
11. INDUSTRY OR BUSINESS Home
12. NAME Unknown
13. BIRTHPLACE Unknown
14. MAIDEN NAME Unknown
15. BIRTHPLACE Unknown
16. (A) INFORMANT [redacted]
(B) ADDRESS Tejon Ranch

17. (A) Burial (B) DATE 5/28/48
(C) PLACE Tejon Indian Village Cemetery, Pa
18. (A) EMBALMER'S SIGNATURE [signature] LICENSE No 2640
(B) FUNERAL DIRECTOR Flickinger Mortuaries, Pa
ADDRESS 1277 Chester Ave. Pa
BY [signature]

19. (A) 6-4-48 DATE FILED (B) W.C. Burns, M.D. REGISTRAR'S SIGNATURE [signature]

21. MEDICAL CERTIFICATE
I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED
FROM ___ 19__
TO ___ 19__
THAT I LAST SAW H ___ ALIVE
ON ___ 19__
AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE

22. CORONER'S CERTIFICATE
I HEREBY CERTIFY, THAT I HELD AN Postmortem Examination (Investigation) ON THE REMAINS OF THE DECEASED AND FIND FROM SUCH ACTION THAT DECEASED CAME TO H er DEATH ON THE DATE AND HOUR STATED ABOVE

IMMEDIATE CAUSE OF DEATH [redacted]
DUE TO
DUE TO
OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH)
MAJOR FINDINGS OF OPERATIONS ___ DATE OF OPERATION ___
OF AUTOPSY ___

DURATION

PHYSICIAN UNDERLINE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

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 OR 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 [signature]
ADDRESS Bakersfield, Cal. DATE 5-27-48

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

U. S. DEPT. OF COMMERCE

VITAL STATISTICS

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
MAY 0 8 2006

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James W. Fitch
ASSESSOR RECORDER

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

REGISTRATION DISTRICT NO 1551 REGISTRAR'S NUMBER 393 **CERTIFICATE OF DEATH** STATE FILE NO Page 122

DECEDENT PERSONAL DATA

1a NAME OF DECEASED—FIRST	1b MIDDLE	1c LAST	2a DATE OF DEATH	2b HOUR
[redacted]		[redacted]	[redacted]	6:00AM

3 SEX	4 COLOR OR RACE	5 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	6 DATE OF BIRTH	7 AGE (LAST BIRTHDAY)
Female	Indian	Widow	[redacted]	[redacted] YEARS

8a USUAL OCCUPATION	8b KIND OF BUSINESS OR INDUSTRY	9 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	10 CITIZEN OF WHAT COUNTRY?
Housewife	Old Age Pension Receives	Kern County California	United States

11 NAME AND BIRTHPLACE OF FATHER	12 MAIDEN NAME AND BIRTHPLACE OF MOTHER	13 NAME OF SPOUSE IF MARRIED
[redacted] - California	[redacted] -California	—

14 WAS DECEASED EVER IN U S ARMED FORCES?	IF YES GIVE WAR OR DATES OF SERVICE	15 SOCIAL SECURITY NUMBER	16 INFORMANT
No		None	Hospital Record

PLACE OF DEATH

17a PLACE OF DEATH (CITY OR TOWN)	17b LENGTH OF STAY IN THIS PLACE	17c COUNTY
Bakersfield	Life	Kern

17d FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)
Kern General Hospital Bakersfield, California

USUAL RESIDENCE (OF DECEASED IF INSTITUTION GIVE ADDRESS BEFORE ADMISSION)

18a STREET ADDRESS (OR RURAL LOCATION)	18b CITY OR TOWN	18c COUNTY	18d STATE
[redacted]-Tejon Ranch Indian Reservation	Bakersfield Rural	Kern	California

CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR 19a, 19b AND 19c)

THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE ASPHYXIA ETC IT MEANS THE DISEASE INJURY OR COMPLICATION WHICH CAUSED DEATH

19 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	[redacted]	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST — DUE TO (OR AS A CONSEQUENCE OF)	157 A [redacted] DUE	
19 II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		

OPERATIONS

20a DATE OF OPERATION	[redacted]
March 2-1950	

DEATH DUE TO EXTERNAL VIOLENCE

22a ACCIDENT SUICIDE HOMICIDE (SPECIFY)	(FROM FACTORY STREET OFFICE BUILDING)	
22b TIME OF INJURY (MONTH DAY YEAR HOUR)	22c INJURY OCCURRED ☐ (WHILE) AT WORK ☐ (NOT WHILE) AT WORK	22d HOW DID INJURY OCCUR?

PHYSICIAN'S OR CORONER'S CERTIFICATION

23a I ATTENDED THE DECEASED FROM April 1 50 TO April 1 50 I LAST SAW THE DECEASED ALIVE ON February 2h 50 DEATH IS BELIEVED TO HAVE OCCURRED ON THE DATE AND HOUR STATED ABOVE		
23b SIGNATURE Carl V. Wade, M.D. Wade	23c ADDRESS 28 Bakersfield, California	23d DATE SIGNED 4-1-50

FUNERAL DIRECTOR AND REGISTRAR

24a BURIAL CREMATION REMOVAL OTHER (SPECIFY)	24b DATE	24c CEMETERY OR CREMATORY Indian Cemetery Tejon, California	25 SIGNATURE OF EMBALMER	LICENSE NUMBER
	4-5-50		[redacted]	1537
27 DATE RECEIVED BY LOCAL REGISTRAR	28 SIGNATURE OF LOCAL REGISTRAR		26 FUNERAL DIRECTOR	
4-4-50	W.C. Burg M.D.		Doughty-Calhoun-O'Meara, By, J M Easton	Bakersfield California

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED MAY 0 8 2006

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

REGISTRATION DISTRICT NO. 1551 REGISTRAR'S NUMBER 415

CERTIFICATE OF DEATH

STATE FILE NO. Page 418

DECEDENT PERSONAL DATA

1a NAME OF DECEDENT (FIRST NAME) (b MIDDLE NAME) [redacted] 1c LAST NAME 2a DATE OF DEATH (MONTH DAY YEAR) 2b [illegible]

3 SEX Male 4 COLOR OR RACE 5 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never Married ~~Single~~ 6 DATE OF BIRTH [illegible] AGE (LAST BIRTHDAY) [redacted] YEARS MONTHS DAYS HOURS MIN.

7a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) Farmer 8a KIND OF BUSINESS OR INDUSTRY Farming 9 BIRTHPLACE (STATE OR FOREIGN COUNTRY) California 10 CITIZEN OF WHAT COUNTRY U.S.

11 NAME OF FATHER [redacted] 12 MAIDEN NAME OF MOTHER [redacted] 13 NAME OF SPOUSE (IF WIFE, GIVE MAIDEN NAME)

14 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes (IF YES, GIVE WAR OR DATES OF SERVICE) World War 2 15 SOCIAL SECURITY NUMBER No 16 INFORMANT Joe Montes

PLACE OF DEATH 341

17a PLACE OF DEATH (CITY OR TOWN) Bakersfield 17b LENGTH OF STAY IN THIS PLACE Life 17c COUNTY Kern

17d FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) [redacted]

USUAL RESIDENCE (IF DECEASED LIVED IN INSTITUTION, GIVE ADDRESS BEFORE ADMISSION)

18a STREET ADDRESS (IF RURAL GIVE LOCATION) [redacted] 18b CITY OR TOWN Bakersfield 18c COUNTY Kern 18d STATE California

CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR 19a, 19b AND 19c)

19-I THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE ASTHENIA ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH

19-a DISEASE OR CONDITION DIRECTLY LEADING TO DEATH [redacted] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

19-b DUE TO

19-c DUE TO

19-II CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19-II OTHER SIGNIFICANT CONDITIONS

OPERATIONS AUTOPSY

20a DATE OF OPERATION 20b MAJOR FINDINGS OF OPERATION 21 AUTOPSY ☐ YES ☐ NO

DEATH DUE TO EXTERNAL VIOLENCE

22a ACCIDENT, SUICIDE, HOMICIDE (SPECIFY) [redacted] 22b PLACE OF INJURY (AT HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.) At home 22c LOCATION CITY OR TOWN Bakersfield COUNTY Kern STATE Calif.

22d TIME OF INJURY (MONTH DAY YEAR HOUR) [redacted] 545 A.M. 22e INJURY OCCURRED ☐ WHILE AT WORK ☒ NOT WHILE AT WORK 22f HOW DID INJURY OCCUR? [redacted]

PHYSICIAN'S OR CORONER'S CERTIFICATION

23a I, [illegible], HEREBY CERTIFY THAT I HAVE HELD AN ☐ AUTOPSY ☐ INQUEST ON ☒ INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND THAT THE DECEASED CAME TO DEATH AT THE HOUR AND DATE STATED ABOVE

23b I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM [illegible] TO [illegible] 19[illegible] THAT I LAST SAW THE DECEASED ALIVE ON [illegible] 19[illegible] AND THAT DEATH OCCURRED FROM THE CAUSES AND AT THE HOUR AND DATE STATED ABOVE

23c SIGNATURE, DEGREE OR TITLE [illegible] By N. F. Facon, Dep 23d ADDRESS Bakersfield, Calif. 23e DATE SIGNED 3-23-49

FUNERAL DIRECTOR AND REGISTRAR

24a ☐ BURIAL ☐ CREMATION ☐ REMOVAL 24b DATE 3/29/49 24c CEMETERY OR CREMATORY Tejon Cemetery, Tejon, Cal. 25 SIGNATURE OF EMBALMER [illegible] LICENSE NUMBER 2957

27 DATE RECEIVED BY LOCAL REGISTRAR MAR 29 1949 28 SIGNATURE OF LOCAL REGISTRAR [illegible] 29 SIGNATURE OF FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

STATE OF CALIFORNIA — DEPARTMENT OF PUBLIC HEALTH

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED MAY 0 8 2006

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

1 PLACE OF DEATH. DIST. No. 1551

COUNTY OF KERN

STATE OF CALIFORNIA
Department of Public Health
VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Local Registered No. 25

Tejon Reservation

If death occurred in a hospital or institution, give its name instead of street and number

2 Full Name [redacted]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Indian
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): single
5a If married, widowed, or divorced HUSBAND of (or) WIFE of
6 DATE OF BIRTH: [redacted] (Month) (Day) (Year)
7 AGE: [redacted] days. If LESS than 1 day, hrs. or min.
8 OCCUPATION (a) Trade, profession or particular kind of work: Care of Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (State or country, city or town): Kern County, Calif.

PARENTS
10 NAME OF FATHER: [redacted]
11 BIRTHPLACE OF FATHER (city or town) (State or country): Calif.
12 MAIDEN NAME OF MOTHER: Sacramento -------
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calif.

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

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) [redacted]
Address: Tejon Ranchos, Kern Co. Calif.

16 Filed Jan. 30, 1932 P.J. Cuneo
Registrar of Deputy

CORONER'S CERTIFICATE OF DEATH

17 DATE OF DEATH: [redacted] (Month) (Day) (Year)

18 I HEREBY CERTIFY, as to the person above named and herein described, That on January 29th 1932 I held an inquest and the jury rendered a verdict on the death. Or, that I have investigated the death officially on account of Jennie Montes

The CAUSE OF DEATH* was as follows: [redacted]

State whether attributed to dangerous or insanitary conditions of employment

(Signed) Autopsy Surgeon

Approved: (Signed) John W. Doughty Jr. Coroner

Jan. 29, 1932 Address Kern Dep. Co.

*Name 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 spaces.)

19 SPECIAL INFORMATION for Hospitals, Institutions, Transients or Sexual Residents
Where was disease contracted,
If not at place of death?
Former or usual residence

*Name the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL.

20 PLACE OF BURIAL OR REMOVAL: Tejon Ranchos Reservation
DATE OF BURIAL: Jan. 30, 1932

21 UNDERTAKER: Doughty-Calhoun-O'Meara
EMBALMER'S LICENSE No. 1518
ADDRESS: Bakersfield, Calif.

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STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED
MAY 12 2006

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

FOIA6

1 PLACE OF DEATH. DIST. No. 1 (To be inserted by Registrar)

COUNTY OF KERN

CITY OF BAKERSFIELD

California State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State Index No. ____

Local Registered No. 212

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

(No. Kern General Hospital ST.: WARD)

2 Full Name [redacted]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Indian

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6 If married, widowed or divorced: HUSBAND of or WIFE of: No Record

8 DATE OF BIRTH: (Month) (Day) 1 (Year)

7 AGE: 75 years

If LESS than 1 day, hours or minutes

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

10 BIRTHPLACE (State or country): California

PARENTS

11 NAME OF FATHER: [redacted]

12 BIRTHPLACE OF FATHER (city or town) (State or country): California

13 MAIDEN NAME OF MOTHER: [redacted]

14 BIRTHPLACE OF MOTHER (city or town) (State or country): California

15 LENGTH OF RESIDENCE

At Place of Death: years months [redacted] days

(b) Usual residence: (Inside city limits or outside city limits) (Number, street or R.F.D. number, city or town, and state)

In California: Lifetime years months days

How long in U. S., if of foreign birth: years months days

16 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM [redacted] 19 [redacted] TO [redacted] 19 [redacted] AND LAST SAW HIM ALIVE ON [redacted] 19 [redacted]

I HEREBY CERTIFY, THAT I VISITED THE BODY OF THE DECEASED ON [redacted] 19 [redacted]

17 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Williams

(Address) Kern General Hospital

Filed: 6/27, 19 23

[signature] Registrar of Births

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: [redacted] 19 (Year)

[redacted]

and that death occurred on the date stated above at 11 P. M.

The CAUSE OF DEATH* was as follows:

[redacted]

(Duration) years months days

Contributory

(Duration) years months days

19b Where was disease contracted, if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leland B. Ellis M. D.

6/26 1923 (Address) 3100 19th St.

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

20 PLACE OF BURIAL OR REMOVAL: Tejon, Calif

DATE OF BURIAL: June 28 1923

21 UNDERTAKER: Doughty-Morton Funeral Home

ADDRESS: Bakersfield, Calif.

LICENSE No. 1527

1 PLACE OF DEATH. DIST. No. ____ (To be inserted by Registrar)

California State Board of Health

State Index No. ____

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STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED
MAY 0 8 2006

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

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STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

134

1. PLACE OF DEATH: DIST. NO. 1-51
COUNTY OF Kern
CITY, TOWN OR RURAL DISTRICT OF Bakersfield
LOCAL REGISTERED NO. 41
STREET AND NO. Kern General Hospital
IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NO.

2. FULL NAME [redacted]
RESIDENCE: NO. Tejon Indian Reservation ST.
IF NON-RESIDENT, GIVE CITY OR TOWN, AND STATE Tejon Indian Reserva-
USUAL PLACE OF ABODE 35 Mi. South of Bakersfield, Calif. tion

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD)
Female	Indian	Single

5a. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE

6. DATE OF BIRTH [redacted] (MONTH, DAY, YEAR)

7. AGE [redacted] DAYS. IF LESS THAN ONE DAY HRS. MIN.

OCCUPATION
8. TRADE, PROFESSION OR KIND OF WORK DONE AS SPINNER, SAWYER, BOOKKEEPER, ETC. Child
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILKMILL, SAWMILL, BANK, ETC.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MO. AND YR.)
11. TOTAL YEARS SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Bakersfield
STATE OR COUNTRY California

FATHER
13. NAME [redacted]
14. BIRTHPLACE (CITY OR TOWN) Tejon Ranch
STATE OR COUNTRY California

MOTHER
15. MAIDEN NAME [redacted]
16. BIRTHPLACE (CITY OR TOWN) Sacramento
STATE OR COUNTRY California

17. LENGTH OF RESIDENCE
A. CITY, TOWN OR RURAL DISTRICT OF DEATH Life YRS. MOS. DAYS.
B. IN CALIFORNIA Life YRS. MOS. DAYS.
C. IN U.S., IF OF FOREIGN BIRTH Life YRS. MOS. DAYS.

18. INFORMANT (SIGNATURE) Beatrice Davis
ADDRESS Bakersfield, Calif. Tejon Indian Reservation

19. BURIAL, CREMATION OR REMOVAL? Burial
PLACE Bakersfield, Calif. DATE 4/21/39

20. EMBALMER { LICENSE NO. 2041
SIGNATURE M.P. Bennett
FUNERAL DIRECTOR The Hodson Mortuary
ADDRESS Bakersfield, California

21. FILED Apr. 20, 1939 (DATE)
V.V.R. Joe Smith, M.D. (LOCAL REGISTRAR)

22. DATE OF DEATH [redacted] (MONTH, DAY, YEAR)

23. MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM [redacted] TO [redacted] THAT I LAST SA[redacted] ALIVE ON [redacted] AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF 1 20A M.

24. CORONER'S CERTIFICATE OF DEATH
I HEREBY CERTIFY, THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD Inquiry AN[redacted] INQUEST, AUTOPSY OR INQUEST THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO H[redacted] DEATH ON THE DATE STATED ABOVE.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS: [redacted] — DATE OF ONSET

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: [redacted]

WAS THERE AN AUTOPSY? No
IF OPERATION, DATE OF
CONDITION FOR WHICH PERFORMED
NAME LABORATORY TEST CONFIRMING DIAGNOSIS

25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING.
ACCIDENT, SUICIDE OR HOMICIDE? DATE OF INJURY [redacted]
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 Joe Smith M.D.
PHYSICIAN, AUTOPSY SURGEON
ADDRESS Bakersfield, Calif.

28. WHEN REQUIRED BY LAW N.C. Rouze, Coroner by Frank Bon, Deputy CORONER
COUNTY OF Kern

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STATE OF CALIFORNIA } ss
COUNTY OF KERN
DATE ISSUED MAY 0 8 2006
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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

STATE OF CALIFORNIA — DEPARTMENT OF PUBLIC HEALTH — VITAL STATISTICS — STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH: Dist. No. 1551
COUNTY OF KERN
CITY, TOWN or RURAL DISTRICT OF Bakersfield
Do not write in this space — Local Registered No. 29
Street and No. Kern General Hospital
If death occurred in hospital or institution, give its NAME

2. FULL NAME [redacted]
Residence: No. Tejon Ranch, 30 Mi. S.E. of Bakersfield, Calif. If Non-Resident, give City or Town, and State Tejon Ranch
Usual Place of abode

3. SEX: Male
4. COLOR OR RACE: Indian
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word): Widower

5a. If Married, Widowed or Divorced, Name of Husband or Wife [redacted]
6. DATE OF BIRTH [redacted] Month Day Year
7. AGE [redacted] Yrs. If LESS than 1 day, hrs. min.

OCCUPATION
8a. Trade, profession or kind of work done as Spinner, Sawyer, Bookkeeper, etc.: Laborer
8b. Industry or business in which work was done, as Silk mill, Sawmill, Bank, etc.: "
8c. Date deceased last worked at this occupation (month and year): 1936
11. Total years spent in this occupation: 57

12. BIRTHPLACE (City or Town): Saticoy
State or Country: California

FATHER
13. NAME [redacted]
14. BIRTHPLACE (City or Town): Unknown
State or Country: Calif.

MOTHER
15. MAIDEN NAME [redacted]
16. BIRTHPLACE (City or Town): Unknown
State or Country: Calif.

17. Length of Residence
a. City, town or rural district of death: 52 years 77 months days
b. In California: years months days
c. In U.S., if of foreign birth: years months days

18. INFORMANT (Signature): Lelah T. Jensen
Address: Bakersfield, Calif.

19. BURIAL, CREMATION or REMOVAL: Burial
Tejon Ranch Cem. (Do not write these words) Date 1/16/36
Tejon Ranch

20. EMBALMER: License No. 4253 Signature: Charles Anspach
FUNERAL DIRECTOR: Hopson Mortuary
ADDRESS: Bakersfield, Calif.

21. FILED: Jan. 17, 1936 (Date) P.J. Cuneo (Local Registrar)

22. DATE OF DEATH [redacted] Month Day Year

23. Medical Certificate of Death
I Hereby Certify, that I attended deceased from [redacted] to [redacted] that death occurred on the above stated date at the hour of 2:15A M.
The principal cause of death, and related causes of importance, in order of onset, were as follows: [redacted] Date of Onset
Other contributory causes of importance:
If operation, date of — Was there an Autopsy?
Condition for which performed
Name laboratory test confirming diagnosis

24. Coroner's Certificate of Death
I Hereby Certify, that I took charge of the remains described above, held
as Inquest, Autopsy or Inquiry
thereon, and from such action find that said deceased came to h death on the date stated above.

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 Joe Smith M. D.
Address Bakersfield, Calif.

28. When received by Coroner
County of KERN

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED

000421213

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James W. Fitch
ASSESSOR RECORDER

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FOIA6

110

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

1 PLACE OF DEATH. DIST. NO. 1661 (To be inserted by Registrar.)

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

State Index No. _____
Local Registered No. 74

COUNTY OF KERN
CITY OF BAKERSFIELD (Tejon Ranch ST.: ____ WARD)

Full Name [redacted]

PERSONAL AND STATISTICAL PA[redacted]

2 SEX	3 COLOR OR RACE	4 [redacted]
Female	Indian	Married

(If married, widowed, or divorced) HUSBAND of WIFE of

5 DATE OF BIRTH No Record (Month) (Day) (Year)

7 AGE [redacted] ___ months ___ days. If LESS than 1 day, ___ hrs. or ___ min.

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

9 BIRTHPLACE (State or country) Calif.

10 NAME OF FATHER [redacted]

11 BIRTHPLACE OF FATHER (City or town) (State or country) Calif.

12 MAIDEN NAME OF MOTHER No Record

13 BIRTHPLACE OF MOTHER (City or town) (State or country)

14 LENGTH OF RESID[redacted]

At Place of Death ___ years ___ months ___ days
Primary registration [redacted]
If unmodified, give city or town and state)
In Co. Area ___ years ___ months ___ days
How long in C. R. of Georgia birth? ___ years ___ months ___ days

15 THE ABOVE IS TRU[redacted]

Informant [redacted]

Date 8-25 1924 Dr. Van Pyke Signature of Deputy

CORONER'S CERTIFICATE OF DEATH

[redacted]

I HEREBY CERTIFY [redacted] herein described, That on [redacted] I held an inquest and the jury rendered a verdict on the death. Or, that I have investigated the death officially on account of Magdalena Olivas

The CAUSE OF DEATH* was as follows: [redacted]

State whether attributed to Pregnancy or Immediate conditions of employment ___ days

(Signed) ___ Address Signature

Approved: (Signed) N. C. House Coroner

8-23 1924 (Address) Kern County

*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.)

SPECIAL INFORMATION for Hospitals, Institutions, Boarders or Recent Residents. When the disease contracted, If not at place of death? M. D.

Former or usual res. ___

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

19 PLACE OF BURIAL OR REMOVAL Tejon Ranch | DATE OF BURIAL 8-24

20 UNDERTAKER Pauper Son | EMBALMER LICENSE No. 1474

ADDRESS Bakersfield Calif

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED
MAY 12 2006

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RECEIVED

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

District No. 1551 Registrar's No. 133

1. FULL NAME [redacted]

2. PLACE OF DEATH: (a) County KERN
(b) City or Town Rural - Bakersfield
(c) Name of hospital or institution Kern Central Hospital
(b) Length of stay (specify whether in years, months or days)
In Hospital or institution [redacted]
In this community Life In California Life
(c) If foreign born, how long in the U. S. A. ____ years

3. USUAL RESIDENCE OF DECEASED:
(a) State California
(b) County Kern
(c) City or Town Bakersfield
(d) Street No. Rural

20. [redacted]

3. (a) IF VETERAN, NAME OF WAR: No record
3. (b) SOCIAL SECURITY No.: No record
4. SEX: Male
5. COLOR or RACE: Indian
6. (a) Single, Married, Widowed or Divorced: Widowed
6. (b) NAME OF HUSBAND OR WIFE: [redacted]
6. (c) Age of Husband or Wife if Alive ____ years

7. BIRTHDATE OF DECEASED [redacted]

8. AGE [redacted] Yrs. ____ Mos. ____ Days — IF LESS THAN ONE DAY OLD ____ Hrs. ____ Min.

9. BIRTHPLACE Tejon Indian Reservation, Calif.
10. USUAL OCCUPATION Leborer
11. INDUSTRY OR BUSINESS
Mother's Father
12. NAME [redacted]
13. BIRTHPLACE Tejon Ranch, Calif.
14. MAIDEN NAME [redacted]
15. BIRTHPLACE Tejon Ranch, Calif.
16. (a) INFORMANT Beatrice Davis
(b) ADDRESS Bakersfield, Calif.

17. (a) Removal (b) DATE 3-13-41
(c) PLACE Tejon Indian Reservation, Kern Co. Calif.
18. (a) EMBALMER'S SIGNATURE Homer J. Owen LICENSE No. 915
(b) FUNERAL DIRECTOR Blickinger-Dixon Chapel
ADDRESS Bakersfield, Calif.
By Helen Hunter

19. (a) Mar. 11, 1941 Joe Smith, M.D.
Date Filed — Registrar's Signature

21. MEDICAL CERTIFICATE
I Hereby Certify, That I attended the deceased from [redacted] 19__ to [redacted] 19__; That [redacted] alive on [redacted] 19__ and [redacted] date and hour [redacted]

22. CORONER'S CERTIFICATE
I Hereby Certify, That I held an ____ AUTOPSY, INQUEST OR INVESTIGATION on the remains of the deceased and find from such action that deceased came to h____ death on the date and hour stated above.

Immediate cause of death [redacted]
Due to [redacted]
Due to [redacted]
Other conditions ____ (INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH)
Major findings: of operations ____ Date of operation ____
of autopsy ____

DURATION
PHYSICIAN UNDERLINE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

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 Joe Smith
(SPECIFY WHICH)
Address Bakersfield, Calif. Date 3-11-41

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

U. S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED MAY 0 8 2006

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