

1. FULL NAME Antonio M. Ortega

2. PLACE OF DEATH (A) COUNTY Los Angeles
 (B) CITY OR TOWN San Fernando (C) STATE California
 (D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)
 IN HOSPITAL OR INSTITUTION _____
 IN THIS COMMUNITY 9 Years IN CALIFORNIA Life

3. (A) IF VETERAN, NAME OF WAR None (B) SOCIAL SECURITY No None

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

6. (B) NAME OF HUSBAND OR WIFE Ysidora Ortega 6. (C) AGE OF HUSBAND OR WIFE IF ALIVE _____ YEARS

7. BIRTHDATE OF DECEASED June 15 1848

8. AGE 92 YRS 9 MOS 0 DAYS _____ HRS _____ MIN

9. BIRTHPLACE San Fernando, California

10. USUAL OCCUPATION Laborer

11. INDUSTRY OR BUSINESS Odd jobs (rural)

12. NAME Unknown

13. BIRTHPLACE Unknown

14. MAIDEN NAME Unknown

15. BIRTHPLACE Unknown

16. (A) INFORMANT Sally Vardugo
 (B) ADDRESS 1220 Coronel Street

17. (A) Burial (B) DATE 3/16/41
 (C) PLACE Oakwood Cemetery

18. (A) EMBALMER'S SIGNATURE Cuy D McCarty LICENSE No. 1768
 (B) FUNERAL DIRECTOR Public Chapel Inc.
 ADDRESS San Fernando, California
 BY Cuy D McCarty

19. (A) Mar 14 1941 (B) By Alice E Robb
 DATE FILED REGISTRAR'S SIGNATURE

20. DATE OF DEATH: MONTH March DAY 13
 YEAR 1941 HOUR 3 MINUTE 00 P.M.

21. MEDICAL CERTIFICATE
 I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM May 1940 TO Mar. 13 1941 THAT I LAST SAW HIM ALIVE ON Mar. 13 1941 AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.

22. CORONER'S CERTIFICATE
 I HEREBY CERTIFY, THAT I HELD AN AUTOPSY, INQUEST OR INVESTIGATION ON THE REMAINS OF THE DECEASED AND FURNISH FROM SUCH ACTION THAT DECEASED CAME TO DEATH ON THE DATE AND HOUR STATED ABOVE.

IMMEDIATE CAUSE OF DEATH Chronic Myocarditis DURATION 1937

DUE TO Sonility

DUE TO Benign Prostatic Hypertrophy 1933

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH) 93d 139a

MAJOR FINDINGS OF OPERATIONS _____ DATE OF OPERATION (3)

OF AUTOPSY None

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? _____ WHILE AT WORK? _____ SPECIFY TYPE OF PLACE _____
 (E) MEANS OF INJURY _____

24. CORONER'S OR PHYSICIAN'S SIGNATURE Paul F. Spittler M.D.
 (SPECIFY WHICH) ADDRESS 318 So. Brand San Fernando 3-14

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS

This is a true certified copy of the record if it bears the seal of County Recorder imprinted in purple ink.

FEE \$2.00
 NOV 8 1968
 COUNTY RECORDER
 LOS ANGELES COUNTY, CALIFORNIA



COPY