

LOS ANGELES COUNTY
HEALTH DEPARTMENT

This is to certify that
this is a true copy
of the document
filed in this office.

K. H. Sutherland M.D.

County Health Officer
and Local Registrar of
Vital Statistics

Date: Apr. 20, 1961

Certification:

Fee paid \$2.00

Free

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH						LOCAL REGISTRATION DISTRICT AND 7097	
CERTIFICATE OF DEATH						CERTIFICATE NUMBER	
14. NAME OF DECEASED—FIRST NAME Thomas		16. MIDDLE NAME George Leslie		18. LAST NAME Molineux		24. DATE OF DEATH—MONTH, DAY, YEAR 12: HOUR April 15, 1961 5:45P	
3. SEX Male		4. COLOR OR RACE White		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) England		6. DATE OF BIRTH August 14, 1893	
7. AGE (LAST BIRTHDAY) 67 YEARS		8. NAME AND BIRTHPLACE OF FATHER Thomas Molineux Eng.		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Alice Ellwell Eng.		10. CITIZEN OF WHAT COUNTRY U.S.A.	
11. LAST OCCUPATION Heavy Machinery Mechanic		13. NUMBER OF YEARS IN THIS OCCUPATION 32		14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF FULL-TIME EMPLOYEE) U.S. Tire & Rubber Co.		15. KIND OF INDUSTRY OR BUSINESS Rubber Goods Manufacturers	
16. IF DECEASED WAS EVER IN U.S. ARMED FORCES, GIVE BRANCH OR BRANCH OF SERVICE WW I		17. SPECIFY MARRIED, NEVER MARRIED, RE-MARRIED, DIVORCED Divorced		18A. NAME OF PRESENT SPOUSE		18B. PRESENT OR LAST OCCUPATION OF SPOUSE	
19A. PLACE OF DEATH—NAME OF HOSPITAL Veterans Administration Hospital		19B. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) 5901 E. 7th St.		19C. CITY OR TOWN Long Beach Rural		19D. COUNTY Los Angeles	
20A. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET) 9317 Badminton Avenue		20B. IF INSIDE CITY CORPORATE LIMITS CHECK ONE <input type="checkbox"/> IN FARM <input checked="" type="checkbox"/> NOT IN FARM		20C. CITY OR TOWN Whittier		20D. COUNTY Los Angeles	
20E. STATE California		20F. LENGTH OF STAY IN COUNTY OF DEATH 33 YEARS		20G. LENGTH OF STAY IN CALIFORNIA 40 YEARS		21A. NAME OF INFORMANT (IF OTHER THAN SPOUSE) Records - V. A. Hospital	
21B. ADDRESS OF INFORMANT (IF OTHER THAN SPOUSE) 5901 E. 7th St. Long Beach, Calif.		22A. PHYSICIAN OR CORONER—SIGNATURE <i>Burdette A. Newton</i>		22B. PHYSICIAN OR CORONER—DEGREE OR TITLE M.D.		22C. ADDRESS (GIVE STREET) VA Hosp., Long Beach, Calif.	
22D. DATE SIGNED 4-15-61		22E. ADDRESS (GIVE STREET) VA Hosp., Long Beach, Calif.		22F. DATE SIGNED 4-17-61		23. DATE OF BURIAL OR CREMATION April 18, 1961	
23. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rose Hills Mortuary		24. DATE April 18, 1961		25. NAME OF CEMETERY OR CREMATORY Rose Hills Memorial Park		26. EMBALMER—SIGNATURE (IF ANY) (INITIALS) LICENSE NUMBER <i>John H. Ohlin</i> 4577	
27. NAME OF LOCAL REGISTRAR R. H. Sutherland M.D.		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR APR 18 1961		29. LOCAL REGISTRAR—SIGNATURE <i>R. H. Sutherland M.D.</i>		30. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE (A), (B), AND (C))	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A): Myocardial infarction, acute, recurrent, suspected		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Diabetes mellitus. Glomerulosclerosis with uremia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Mins.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Yrs.	
31. OPERATION—CHECK ONE <input checked="" type="checkbox"/> OPERATION PERFORMED <input type="checkbox"/> OPERATION NOT PERFORMED		32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE <input checked="" type="checkbox"/> AUTOPSY PERFORMED <input type="checkbox"/> AUTOPSY NOT PERFORMED		34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	
34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		35A. TIME OF INJURY HOUR MONTH DAY YEAR		35B. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		35C. PLACE OF INJURY (GIVE STREET, RAILROAD, FACTORY, STREET, OFFICE BUILDING)	
35C. PLACE OF INJURY		35D. CITY, TOWN, OR LOCATION		35E. COUNTY		35F. STATE	