

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3600 04585

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST Ruby	1B. MIDDLE C.	1C. LAST Black	2A. DATE OF DEATH (MONTH DAY YEAR) July 26, 1980	2B. HOUR unk
	3. SEX Female	4. RACE White	5. ETHNICITY --	6. DATE OF BIRTH Jan. 19, 1913	7. AGE 67
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Georgia	9. NAME AND BIRTHPLACE OF FATHER John E. Ross - Georgia		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Sarah Mauldin - Georgia	
	11. COUNTRY OF WHAT COUNTRY USA	12. SOCIAL SECURITY NUMBER 550 19 3313 M	13. MARITAL STATUS Widowed	14. NAME OF SURVIVING SPOUSE (IF WIFE ENTER BIRTH NAME)	
15. PRIMARY OCCUPATION Gem cutter	16. NUMBER OF YEARS THIS OCCUPATION 25	17. EMPLOYED (IF SELF-EMPLOYED, SO STATE) self employed	18. KIND OF INDUSTRY OR BUSINESS Gem mfg. and retail sales		
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1 1/2 mi. No. 1 15 on Ghost Town Rd.		19B. 0902	19C. CITY OR TOWN Yermo	
	19D. COUNTY San Bernardino	19E. STATE California		20. NAME AND ADDRESS OF INFORMANT (RELATIONSHIP) Johnnie J. Almond - nephew RD#2, 6855 Rogers Rd. Lizella, Georgia 31052	
PLACE OF DEATH	21A. PLACE OF DEATH at home	21B. COUNTY San Bernardino		21C. CITY OR TOWN Yermo	
	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1 1/2 mi. No. 1 15 on Ghost Town Rd.		21D. CITY OR TOWN Yermo		
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE			24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?
	(A)	Cardiac arrest	1 hr	Yes	
	(B)	Arteriosclerotic heart disease	yrs.	No	
	(C)	Diabetes Mellitus	yrs.	No	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION none		
PHYSICIAN'S CERTIFICATION	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. (ENTER NO. ON 24, 25 & 26)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. TYPE PHYSICIAN'S NAME AND ADDRESS	28D. PHYSICIAN'S LICENSE NO. WHEN ISSUED	
	29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY BY WHAT	32A. DATE OF INJURY (MONTH DAY YEAR)	32B. HOUR
INJURY INFORMATION CORONER'S USE ONLY	33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
	35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW (I HAVE HELD AN INQUIRY INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE Bill Hill, by	35C. DATE ISSUED 8/1/80		
36. DISPOSITION Burial	37. DATE (MONTH DAY YEAR) 8/1/1980	38. NAME AND ADDRESS OF CEMETERY OR CREMATORIAL Daggett Pioneer Cemetery, Daggett, Calif.	39. SMALLER LICENSE NUMBER AND ISSUED AT Carol L. Watson 6680		
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Head Mortuary		41. LOCAL REGISTRAR—SIGNATURE L. E. Mahoney 240/11112	42. DATE ACCEPTED BY LOCAL REGISTRAR August 1, 1980		
STATE REGISTRAR	A.	B.	C.	D.	E.



I hereby certify that this is a true copy of the record if the seal of this office is impressed in purple ink

SEP 30 1985

Errol S. Mackeum
ERROL S. MACKEUM
Auditor-Recorder
San Bernardino County, Calif.