(940 5-6103 (

CERTIFICATE OF DEATH

STATE FILE NUMBER — STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA 4 9

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH. DAY. YEAR	2b. HOUR
VINA	A.	COTTON	NOVEMBER. 25, 1973	a 10:30 M.

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
FEMALE	NEGRO	ALABAMA	JANUARY. 10, 1893	80 YEARS		

8. NAME AND BIRTHPLACE OF FATHER: JOHN ALLEN ALABAMA

9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: VIOLET SIMMS UNKNOWN

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
U.S.A.	564-21-0965	WIDOWED	

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
DOMESTIC	50 yrs	UNKNOWN	PRIVATE HOME

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
CEDAR OF LEBANON HOSPITAL	4[illegible] FOUNTAIN STREET	YES

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
LOS ANGELES	LOS ANGELES	3 YEARS	3 YEAR

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
7719 SOUTH HOOVER STREET	YES	DORIS COTTON 7719 S. HOOVER ST. LOS ANGELES, CALIFORNIA

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
LOS ANGELES	LOS ANGELES	CALIFORNIA

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. 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 ON THE REMAINS OF DECEASED AS REQUIRED BY LAW AN: _____ (INVESTIGATION OR INQUEST)

21b. 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 (ENTER MONTH, DAY, YEAR)	TO (ENTER MONTH, DAY, YEAR)	AND I LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR)
x 10-15-73	x 11-25-73	x 11-25-73

21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: ▶ [signature] MD — 21d. DATE SIGNED: 11-27-73

21e. ADDRESS: x 2080 CENTURY PK EAST — 21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: G5488

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBE
BURIAL	11-29-73	ALBESTER ALA. CITY CEMETERY	Leslie King 3888

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): HARRISON-ROSS MORTUARY

26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO):

27. LOCAL REGISTRAR—SIGNATURE: ▶ [signature] — 28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: NOV 28 1973

MEDICAL AND HEALTH DATA

9 CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A. B. AND C

		APPROX. INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	UPPER GASTRO-INTESTINAL HEMORRHAGE	4 HRS
CONDITIONS. IF ANY. WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A). STATING THE UNDERLYING CAUSE LAST. DUE TO. OR AS A CONSEQUENCE OF (B)	PROBABLE PEPTIC ULCER DISEASE	2 YRS
DUE TO. OR AS A CONSEQUENCE OF (C)		

30. PART II: OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: HIATAL HERNIA

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY)	32a. AUTOPSY (SPECIFY YES OR NO)	32b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
~~BIOPSY~~ NO	YES	NO

INJURY—INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR
				M

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)
	MILES		

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

REV. 1-1-68 FORM VS-11

BOOK 29 PAGE 228

STATE OF ALA. SHELBY CO.
I CERTIFY THIS [illegible] WAS FILED
1979 JAN 26 AM 8:40
x 2.50
[signature]
JUDGE OF PROBATE
Rec. 1.50
Ind. 1.00
2.50

Jack A.

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK

NOV 29 1973 — FEE $2.00

[signature]
Liston A. Witherill, Director of Health Services and Registrar