

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of MERCED
MERCED, CALIFORNIA

PLACE OF DEATH, DIST. No. 2454
(To be inserted by Registrar.)

COUNTY OF MERCED

City or Town of San Pablo
Or Rural Registration District _____ (No. _____ St.; _____ Ward)

CALIFORNIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

State Index No. _____
Local Registered No. 29

If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out Nos. 15a and 15b.

FULL NAME Charles Ewing

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. C. H. Ewing

DATE OF BIRTH Feb 7 1858
(Month) (Day) (Year)

AGE 69 years 3 months 0 days or hrs. min.

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

BIRTHPLACE (State of country, city or town) Virginia

NAME OF FATHER E. Ewing

BIRTHPLACE OF FATHER (city or town, State or country) Virginia

MAIDEN NAME OF MOTHER Miller

BIRTHPLACE OF MOTHER (city or town, State or country) Unknown

LENGTH OF RESIDENCE At Place of Death 7 years X months X days (Primary registration district) (if nonresident, give city or town and state)
In California 7 years X months X days

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. C. H. Ewing
(Address) San Pablo

Filed May 21 1927 Subregistrar R. A. Thomas
Registered or Deputy

CERTIFICATE OF DEATH

DATE OF DEATH May 17th 1927
(Month) (Day) (Year)

I HEREBY CERTIFY that the person above named and herein described, died on May 17th 1927 at San Pablo and the jury rendered a verdict of the death. Or, that I have investigated the death and certify on account of _____

cause of death, as follows: acute dilatation of the heart

Contributory _____ (Duration) _____ years _____ months _____ days

Where was disease contracted _____ (Duration) _____ years _____ months _____ days

Was there an autopsy? _____

Did an operation precede death? _____ Date of _____

Approved: (Signed) H. Boyd Smith - Justice of the Peace

(Signed) May 20 1927 (Address) Merced 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.)

PLACE OF BURIAL OR REMOVAL San Pablo DATE OF BURIAL May 21 1927

UNDERTAKER F. D. Medlin REGISTRAR'S LICENSE No. 2049
ADDRESS San Pablo

NO INFORMATION TO BE ESTABLISHED IDENTIFICATION



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF MERCED-RECORDER
This is a true and exact reproduction of the document officially registered and placed on file in the office of the MERCED COUNTY RECORDER.

DATE ISSUED: APR 28 2011 Kent B. Christensen
KENT B. CHRISTENSEN
MERCED COUNTY RECORDER



This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Recorder.

MIDWEST BANK NOTE COMPANY ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE