

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

38-022951

5799

1. PLACE OF DEATH: DIST. No. 1901
STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS
COUNTY OF LOS ANGELES STANDARD CERTIFICATE OF DEATH
CITY, TOWN OR RURAL DISTRICT OF LOS ANGELES STREET AND NO. 117 N. GRAMERCY PL
2. FULL NAME VESTA MARIE GOODNO LOCAL REGISTERED NO. 5799
RESIDENCE: No. 117 N. GRAMERCY PL ST. PL IF NON-RESIDENT, GIVE CITY OR TOWN, AND STATE

3. SEX FEMALE 4. COLOR OR RACE CAUC 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD) married
6. DATE OF BIRTH APRIL 4 1938
7. AGE 50 YR. 0 MO. 20 DAYS. IF LESS THAN ONE DAY HRS. MIN.
8. TRADE, PROFESSION OR KIND OF WORK DONE AS SPINNER, SAWYER, BOOKKEEPER, ETC. NONE
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILKMILL, SAWMILL, BANK, ETC.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MO. AND YR.) 11. TOTAL YEARS SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) TAYLORVILLE
STATE OR COUNTRY ILL

FATHER 13. NAME GEORGE R. VALLINTINE
14. BIRTHPLACE (CITY OR TOWN) TAYLORVILLE
STATE OR COUNTRY ILL

MOTHER 15. MAIDEN NAME ALICE L. SLATER
16. BIRTHPLACE (CITY OR TOWN) ROCHESTER
STATE OR COUNTRY ILL

17. LENGTH OF RESIDENCE
A. CITY, TOWN OR RURAL DISTRICT OF DEATH 22 YRS. 22 MOS. 22 DAYS
B. IN CALIFORNIA 22 YRS. 22 MOS. 22 DAYS
C. IN U.S., IF OF FOREIGN BIRTH YRS. MOS. DAYS

18. INFORMANT (SIGNATURE) ROBERT GOODNO
ADDRESS 1326 W. 38 PL

19. BURIAL, CREMATION OR REMOVAL? CREMATION
PLACE L.A. CREM WRITE THE WORD DATE 4-26-38

20. EMBALMER { LICENSE No. 2350
SIGNATURE F.W. Jowry
FUNERAL DIRECTOR PIERCE BROS
ADDRESS LOS ANGELES CALIF

21. FILED APR 26 1938
LOCAL REGISTRAR

22. DATE OF DEATH APRIL 24, 1938
MONTH DAY YEAR
23. MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY THAT I EXAMINED THE DECEASED FROM Apr 24/38 TO Apr 24/38 THAT I SAW HIS/HER ANTE ON Apr 24/38 AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF 6:23 P M.
24. CORONER'S CERTIFICATE OF DEATH
I HEREBY CERTIFY THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD AN INQUEST, AUTOPSY OR INQUIRY THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO HIS/HER DEATH ON THE DATE STATED ABOVE.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS:
Paralysis agitans DATE OF ONSET 1938
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

IF OPERATION, DATE OF _____ WAS THERE AN AUTOPSY? No
CONDITION FOR WHICH PERFORMED NAME LABORATORY TEST CONFIRMING DIAGNOSIS Chemical Findings

25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:
ACCIDENT, SUICIDE OR HOMICIDE? _____ DATE OF INJURY _____
INJURED AT _____ CITY OR TOWN OF _____ COUNTY AND STATE OF _____ DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE? _____ MANNER OF INJURY _____ NATURE OF INJURY _____

26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY _____ No

27. SIGNATURE Dr. Renually M.D.
ADDRESS 1401 So. Hope St LA.

28. WHEN REQUIRED BY LAW _____ CORONER COUNTY OF _____



This is to certify that this document is a true copy of the official record filed with the Office of Vital Records and Statistics.

S. Kimberly Belshé, Director and State Registrar of Vital Records and Statistics

by: Michael Davis

MICHAEL DAVIS, CHIEF OFFICE OF VITAL RECORDS AND STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

DATE ISSUED
JUL 21 1995

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