

Department of Public Health

CITY OF SAN DIEGO, CALIFORNIA
DIVISION OF VITAL STATISTICS

CERTIFIED COPY OF LOCAL RECORD

This is to Certify, That the attached is a full, true and correct copy of the ~~birth~~ certificate of death of JOSEPH FRANKLIN RUTHERFORD

which is on file in this office, and of which I am the legal custodian.

In Testimony Whereof, witness my hand and seal of office at San Diego, California, this 6th day of February, 1942.

Oliver M. Larson, M.D.
Local Registrar of Vital Statistics

Form 809 (3-7-41)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT REC
Read Instructions on Back

VITAL STATISTICS

(B) CITY OR TOWN <u>San Diego</u> <small>IF RESIDING OUT OF TOWN LIMITS, WRITE RURAL</small>			(A) STATE <u>California</u>		
(C) NAME OF HOSPITAL OR INSTITUTION <u>4440 Braeburn Road</u> <small>IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION</small>			(D) COUNTY <u>San Diego</u>		
(D) LENGTH OF STAY (SPECIFY WHETHER YEARS, MONTHS OR DAYS) IN HOSPITAL OR INSTITUTION IN THIS COUNTRY <u>1 yr.</u> IN CALIFORNIA <u>1 yr.</u>			(E) CITY OR TOWN <u>San Diego</u> <small>IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL</small>		
(E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. _____ YEARS			(F) STREET NO. <u>4440 Braeburn Road</u>		
3. (G) IF VETERAN, NAME OF WAR <u>no</u>		3. (F) SOCIAL SECURITY NO. <u>none</u>		20. DATE OF DEATH: MONTH <u>January</u> DAY <u>8</u> YEAR <u>1942</u> HOUR <u>1</u> MINUTE <u>36 pm</u>	
4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>		21. MEDICAL CERTIFICATE I HEREBY CERTIFY, THAT I ATTESTED THE DECEASED FROM <u>Nov. 24</u> 19 <u>41</u> TO <u>Jan. 8</u> 19 <u>42</u> THAT I LAST SAW HIM ALIVE ON <u>Jan. 8</u> 19 <u>42</u> AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE.	
6. (B) NAME OF HUSBAND OR WIFE <u>Mary M Rutherford</u>		6. (C) AGE OF HUSBAND OR WIFE IF ALIVE <u>72</u> YEARS		22. CORONER'S CERTIFICATE I HEREBY CERTIFY, THAT I HELD AN ANATOMY, ISSUED ON INVESTIGATION FROM SUCH ACTION THAT DECEASED CAME IN DEATH ON THE DATE AND HOUR AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE.	
7. BIRTHDATE OF DECEASED <u>November 8, 1869</u>					
8. AGE <u>72</u> YRS. <u>2</u> MOS. <u>0</u> DAYS <small>IF LESS THAN ONE DAY OLD</small>					
9. BIRTHPLACE <u>Versailles, Missouri</u>					
10. USUAL OCCUPATION <u>Editor</u>					
11. INDUSTRY OR BUSINESS <u>Publishing (Retired)</u>					
12. NAME <u>James Calvin Rutherford</u>					
13. BIRTHPLACE <u>Versailles, Missouri</u>					
14. MAIDEN NAME <u>Leonora Strickland</u>					
15. BIRTHPLACE <u>Versailles, Missouri</u>					
16. (A) INFORMANT <u>Bonnie Heath</u>					
(B) ADDRESS <u>4440 Braeburn Road</u>					
17. <u>MDP - EMIV</u> SOCIAL, EXAMINATION OR RECORD, DATE <u>1-22-42</u>					
18. (A) PLACE <u>Harvey L. Lewis, Jr.</u> LICENSE <u>2463</u>					
(B) FURNERAL DIRECTOR <u>Lewis Mortuary</u>					
ADDRESS <u>2876 El Cajon Blvd.</u>					
BY <u>Harvey L. Lewis, Jr.</u>					
23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING: (A) ACCIDENT, SUICIDE, OR HOMICIDE (B) DATE OF INJURY _____ (C) WHERE DID INJURY OCCUR? _____ CITY OR TOWN _____ COUNTY _____ STATE _____ (D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? _____ SPECIFY TYPE OF PLACE _____ WHILE AT WORK _____ (E) MEANS OF INJURY _____					
24. CORONER'S PHYSICIAN'S SIGNATURE <u>G. R. Stevenson</u> ADDRESS <u>328 Maple St.</u> DATE <u>Jan. 8-42</u>					

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

U. S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS