

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

3920

PLACE OF DEATH. Dist. No. 1990
(To be inserted by Registrar)

County of Los Angeles
City or Town of _____

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

Local Registered No. 244

STANDARD CERTIFICATE OF DEATH

or Rural Registration District Co. Farm, Cal. (No. County Farm St.; Psy. Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME THEODORE GEGOUX

PERSONAL AND STATISTICAL PARTICULARS
SEX Male **COLOR OR RACE** White **SINGLE, MARRIED, WIDOWED, OR DIVORCED** (Write the word) Widowed

^{5a} If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Gegoux

DATE OF BIRTH November 19 1850
(Month) (Day) (Year)

AGE 80 years 7 months 14 days
If LESS than 1 day, ___ hrs. or ___ min.

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

BIRTHPLACE (State or country city or town) Montreal, Canada

NAME OF FATHER Gene Gegoux

BIRTHPLACE OF FATHER (city or town) (State or Country) Paris, France

MAIDEN NAME OF MOTHER Rosetta Unknown

BIRTHPLACE OF MOTHER (city or town) (State or Country) Paris, France

LENGTH OF RESIDENCE
At Place of Death 3 years 10 months 23 days
(Primary registration district)
(If nonresident, give city or town and state)
In California 9 years ___ months ___ days

How long in U. S., if of foreign birth? 45 years ___ months ___ days

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. M. Hooley
(Address) County Farm, Cal.

Filed 7-3-31 Wm. R. Harriman
Registrar or Deputy

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH July 3 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from February 1, 1928 to July 3, 1931

that I last saw him alive on July 3, 1931
and that death occurred on the date stated above at 10:10 A.m.

The CAUSE OF DEATH* was as follows:
Senile Dementia

(Duration) 5 years ___ months ___ days
Contributory Chronic Myocardial Degeneration
(Duration) 3 years ___ months ___ days

Where was disease contracted
if not at place of death? ___

Did an operation precede death? No Date of _____

Was there an autopsy? No

What best confirmed diagnosis?
(Signed) J. M. Malouin M. D.
July 3, 1931 (Address) County Farm, Indio, Ca

*Give the DISEASE CAUSING DEATH, or, if death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. USE REVERSE side for additional space.

PLACE OF BURIAL Forest Lawn Cemetery **DATE OF BURIAL** Cremation 7-6-31

UNDERTAKER Cresse's **EMBALMER'S LICENSE No.** 1903
5860 Pasadena Ave.,
ADDRESS Highland Park, Cal.

FILED AUG 10 1931 C. L. LOGAN, COUNTY REC'D

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack

CONNIE B. McCORMACK
Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

JUN 15 1937
19-716567

