

Calvin Bynum 001

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORDSTATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

1. PLACE OF DEATH: DIST. NO. 1908 STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS 38-042512 96

COUNTY OF Los Angeles STANDARD CERTIFICATE OF DEATH 42 LOCAL REGISTERED NO. 96
CITY, TOWN OR DISTRICT OF Monrovia STREET AND NO. Mt. View Sanitarium
2. FULL NAME Bynum, Calvin IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NO.
RESIDENCE: NO. 545 Crocker St. IF NON-RESIDENT, GIVE CITY OR TOWN, AND STATE Los Angeles, Calif.

3. SEX Male 4. COLOR OR RACE Cauc. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD) Widowed

6. DATE OF BIRTH June 17, 1858 22. DATE OF DEATH June 23, 1938

7. AGE 80 YR. 0 MO. 6 DAYS ONE DAY HRS. MIN. 23. MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM May, 1938 TO June 23, 1938
ON June 23, 1938 THAT I LAST SAW HIM ALIVE ON June 23, 1938 AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF 8:20 A.M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS: Arteriosclerosis DATE OF ONSET several years ago.

8. TRADE, PROFESSION OR KIND OF WORK DONE AS SPINNER, SAWYER, BOOKKEEPER, ETC. laborer 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 DEATH ON THE DATE STATED ABOVE.

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAWMILL, BANK, ETC. Unknown

10. DATE DECEASED LAST WORKED unk H. TOTAL YEARS SPENT IN THIS OCCUPATION unk

11. BIRTHPLACE (CITY OR TOWN) Bradyville STATE OR COUNTRY Tennessee

12. NAME William Bynum 13. NAME William Bynum

14. BIRTHPLACE (CITY OR TOWN) Unknown STATE OR COUNTRY Unknown

15. MAIDEN NAME Mary Bagley 16. BIRTHPLACE (CITY OR TOWN) Unknown STATE OR COUNTRY Unknown

17. CITY, TOWN OR RURAL DISTRICT OF DEATH Los Angeles YRS. 2 MOS. DAYS

18. INQUIRY, DATE OF Records of County Welfare WAS THERE AN AUTOPSY? No

19. BURIAL, CREMATION OR REMOVAL: Cremation CONDITION FOR WHICH PERFORMED: NAME LABORATORY TEST CONFIRMING DIAGNOSIS

20. PLACE County Crematory DATE 6-30-38 25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:
ACCIDENT, SUICIDE OR HOMICIDE? DATE OF INJURY
INJURED CITY OR TOWN OF Los Angeles AT Los Angeles COUNTY AND STATE OF Los Angeles, Calif.
DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE? No
MANNER OF INJURY: Nature of injury

21. FULL NAME Calvin Bynum DATE June 1, 1938 26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY: None

22. SIGNATURE Edward Huntington Williams M.D. PHYSICIAN, AUTOPSY SURGEON ADDRESS 916 Pacific Mutual Bldg., Los Angeles, Calif.

23. WHEN REQUIRED BY LAW None CORONER COUNTY OF Los Angeles

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.
MARK B HORTON, MD, MSPH, Director and State Registrar of Vital Records by:

Linette T Scott DEC 29 2010 DATE ISSUED
LINETTE T SCOTT, MD, MPH, DEPUTY DIRECTOR
HEALTH INFORMATION AND STRATEGIC PLANNING DIVISION
This copy not valid unless prepared on engraved border displaying seal and signature of the Deputy Director.
(Rev 11/08)

