STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

California State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State Index No. 941 351

Rural ~~Local~~ Registered No. 8

19-018710

(No. ..... St.; ..... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Nos. 18a and 18b.]

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

County of San Diego

City or Town of San Ysidro

or Rural Registration District 3757

2 FULL NAME José A Doria

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single Married Widowed or Divorced (Write the word)
Male	White	Married

6a HUSBAND OF
6b WIFE OF Hattie Schulze Doria

7 DATE OF BIRTH March 19th, 1885 (Month) (Day) (Year)

8 AGE 34 years — months 18 days — If LESS than 1 day, ... hrs. or ..... min.

9 OCCUPATION
(a) Trade, profession, or particular kind of work Engineer.
(b) General nature of industry, business, or establishment in which employed (or employer) (Mechanical.)

10 BIRTHPLACE (State or country) Mexico

PARENTS
11 NAME OF FATHER M. M. Doria
12 BIRTHPLACE OF FATHER (State or country) Mexico
13 MAIDEN NAME OF MOTHER Machoviada laLata
14 BIRTHPLACE OF MOTHER (State or country) Mexico

15a LENGTH OF RESIDENCE
At Place of Death (Primary registration district) — years 2 months — days
In California — years 2 months — days

16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jesan N Doria
(Address) San Ysidro Calif

17 Filed ..... 191.. Subregistrar
Filed Apr 7 1919 J F Morrell Registrar or Deputy

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 6th, 1919 (Month) (Day) (Year) 191..

I HEREBY CERTIFY, That I attended deceased from April 6 1919, to April 6 1919 that I last saw him alive on April 6 1919 and that death occurred on the date stated above at 3:30 p.m. The CAUSE OF DEATH * was as follows:

Broncho Pneumonia

(Duration) ..... years ..... months 10 days

Contributory .....

(Duration) ..... years ..... months ..... days

State whether attributed to dangerous or insanitary conditions of employment

(Signed) J Francis White M. D.
4/6/ 1919 (Address) San Diego

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19a SPECIAL INFORMATION for Hospitals, Institutions, Transients or Recent Residents
Where was disease contracted, if not at place of death?
Former or usual residence St Louis Mo (City) (State)

19b PLACE OF BURIAL OR REMOVAL St Louis Mo
DATE OF BURIAL Apr 8 1919

20 UNDERTAKER Smith-Randall Mechanic
ADDRESS San Diego Cal
EMBALMER'S LICENSE No. 366

Form 5. 39646 7-18 2500

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

DATE ISSUED

James Greene

APR -8 2019

JAMES GREENE MD MS
STATE REGISTRAR OF VITAL RECORDS

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

CACDPH--04

I00481024

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

CDPH California Department of Public Health

INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE