

## INSTRUCTIONS

1. THIS IS A LEGAL DOCUMENT. IT IS A PERMANENT RECORD.
2. This certificate must bear the ACTUAL SIGNATURES, in unfading black ink, of the physician, or coroner, the coroner's autopsy surgeon if autopsy was performed at request of coroner, the undertaker, the informant and the registrar. Typewritten and rubber stamp signatures are not legal.
3. All information called for on this certificate must be given. Read the printed matter carefully. If an item is unknown DO NOT leave it blank—write the word "unknown." If the exact age is not known give the APPROXIMATE or PROBABLE AGE.
4. Fill out the certificate (except signatures) with typewriter, if possible. Otherwise WRITE PLAINLY with black ink. Be careful in spelling names.
5. THE PHYSICIAN last in attendance upon the deceased must execute the medical portion of the death certificate (unless it is a coroner's case) and must, within fifteen hours after the death occurs, either deliver it to the attending undertaker or deposit it at the place of death.
6. THE CORONER must certify the cause of death over his signature when a case is referred to him. He should sign the certificate of death when (a) death occurs without medical attendance or in continued absence of the attending physician; (b) a person has been killed, either accidentally or intentionally, or has committed suicide, or has died suddenly under such circumstances as to afford a reasonable ground to suspect that his death has been occasioned by the act of another by criminal means; (c) referred to him by the local health officer or the local registrar.
7. THE UNDERTAKER must see that the death certificate is completed and must file it with the local registrar of the district in which the death occurred within five days and before embalming or disposing of the remains.
8. STATEMENT OF CAUSE OF DEATH. Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Chronic interstitial nephritis  
Cerebral hemorrhage

Other contributory causes of importance:

Gallstones

### EXAMPLE II

The principal cause of death and related causes of importance were as follows:

1915  
1921  
July 5,  
1927

Attack of epilepsy  
Run over by street car  
Peritonitis

Other contributory causes of importance:

May 1,  
1923  
Gastroenteritis

1 week  
ago  
1 week  
ago  
3 days  
ago

1 year

90217

CALIFORNIA

NG OFFICE

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Form 5

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD  
Every item of information should be carefully supplied. AGE should be stated exactly. If unknown, give approximate age. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF CALIFORNIA 3801		DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH: DIST. No. <u>3801</u>		LOCAL REGISTERED NO. <u>enroute Panama to New York, N.Y.</u>		IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME	
2. FULL NAME <u>LOUIS CHOINIERE</u>		STREET AND NO. <u>1172 Roosevelt Ave.</u>		IF NON-RESIDENT, GIVE CITY OR TOWN, AND STATE <u>Pawtucket, R.I.</u>	
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD) <u>Single</u>	
5A. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE <u>USAT Hunter Liggett</u>		6. DATE OF BIRTH <u>Exact date unknown</u>		22. DATE OF DEATH <u>April 26 1941</u>	
7. AGE <u>38</u> YR. <u>4</u> MO. <u>4</u> DAYS <u>ONE DAY</u> HRS. <u>12:50AM</u> MIN. <u>12:50AM</u>		8. TRADE, PROFESSION OR KIND OF WORK DONE <u>Soldier, U.S. Army</u>		23. MEDICAL CERTIFICATE OF DEATH	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILKMILL, SAWMILL, BANK, ETC. <u>U.S. Army</u>		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>Unknown</u>		24. CORONER'S CERTIFICATE OF DEATH	
12. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u>		13. NAME <u>Unknown</u>		I HEREBY CERTIFY, THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD	
14. BIRTHPLACE (CITY OR TOWN) <u>Conn.</u>		15. MAIDEN NAME <u>Unknown</u>		AN INQUEST, AUTOPSY OR INQUIRY	
16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u>		17. LENGTH OF RESIDENCE		THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO H. DEATH ON THE DATE STATED ABOVE.	
18. INFORMANT (SIGNATURE) <u>Official records.</u>		19. BURIAL, CREMATION OR REMOVAL? <u>Official records.</u>		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS:	
20. EMBALMER { LICENSE No. <u>Official records.</u> SIGNATURE <u>Official records.</u> FUNERAL DIRECTOR <u>Official records.</u> ADDRESS <u>Official records.</u>		21. FILED <u>Official records.</u>		Chronic valvular heart disease, mitral stenosis. <u>Unknown</u>	
22. WHEN REQUIRED BY LAW <u>Official records.</u>		23. WHEN REQUIRED BY LAW <u>Official records.</u>		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>1-Auricular fibrillation 2-acute right heart failure 3-Acute pulmonary congestion. None</u>	
24. WHEN REQUIRED BY LAW <u>Official records.</u>		25. WHEN REQUIRED BY LAW <u>Official records.</u>		CONDITION FOR WHICH PERFORMED NAME LABORATORY TEST CONFIRMING DIAGNOSIS <u>Official records.</u>	
26. WHEN REQUIRED BY LAW <u>Official records.</u>		27. WHEN REQUIRED BY LAW <u>Official records.</u>		25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING: ACCIDENT, SUICIDE OR HOMICIDE? <u>Official records.</u> DATE OF INJURY <u>Official records.</u>	
28. WHEN REQUIRED BY LAW <u>Official records.</u>		29. WHEN REQUIRED BY LAW <u>Official records.</u>		INJURED AT <u>Official records.</u> CITY OR TOWN OF <u>Official records.</u> COUNTY AND STATE OF <u>Official records.</u>	
30. WHEN REQUIRED BY LAW <u>Official records.</u>		31. WHEN REQUIRED BY LAW <u>Official records.</u>		DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE? <u>Official records.</u> MANNER OF INJURY <u>Official records.</u> NATURE OF INJURY <u>Official records.</u>	
32. WHEN REQUIRED BY LAW <u>Official records.</u>		33. WHEN REQUIRED BY LAW <u>Official records.</u>		26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY <u>Official records.</u>	
34. WHEN REQUIRED BY LAW <u>Official records.</u>		35. WHEN REQUIRED BY LAW <u>Official records.</u>		27. SIGNATURE <u>W. R. deForest</u> M.D. PHYSICIAN, AUTOPSY SURGEON	
36. WHEN REQUIRED BY LAW <u>Official records.</u>		37. WHEN REQUIRED BY LAW <u>Official records.</u>		ADDRESS <u>1st Lieut., Medical Corps.</u>	
38. WHEN REQUIRED BY LAW <u>Official records.</u>		39. WHEN REQUIRED BY LAW <u>Official records.</u>		28. WHEN REQUIRED BY LAW <u>Official records.</u> CORONER	
40. WHEN REQUIRED BY LAW <u>Official records.</u>		41. WHEN REQUIRED BY LAW <u>Official records.</u>		COUNTY OF <u>Official records.</u>	

