

Orew and Bertha Mullis

24142 Village 24

Camareto, Calif. 93010

5.00 JOINT MEMBERSHIP

Oren and Bertha Mullins
24142 Village 24
Camarillo, California 93010

Sept. 8, 1981

Mr. Wiseman,

We enjoyed talking to you over the phone a couple days ago.

Enclosed is a check for \$21.50 for book + membership.

In this Death Certificate David Evans is the first one of the Evans family to come over from Wales. I could not get a Death Certificate for him so I do not know who his relatives would be in Wales. Thank you for your help.

Mrs. Bertha Evans Mullins

16.50 BOOK

5.00 JT. MEMBERSHIP

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DEC 29 1980

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dist. No. 3587
Primary Reg. Dist. No. _____

Form 7 to No. _____
Registrar's No. 7

1. DECEDENT—NAME John D. EVANS			2. SEX Male	3. DATE OF DEATH (Mo., Day, Year) October 8, 1910	
4. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	5. AGE—Last Birthday (Years) 75	6. UNDER 1 YEAR Mo. Days	7. UNDER 1 DAY Hours Mins.	8. DATE OF BIRTH (Mo., Day, Yr.) Dec. 25, 1834	
9. CITY, VILLAGE OR LOCATION OF DEATH Bloomfield Twp.			10. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)		11. IF HOPE OR INST. Indicate DOA or Error, Am., Inpatient (Specify)
12. STATE OF BIRTH (If not in U.S.A., name country) Wales		13. CITIZEN OF WHAT COUNTRY		14. ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc.) (Specify)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give dates of service)		16. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		17. SURVIVING SPOUSE (If wife, give maiden name)	
18. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			19. KIND OF BUSINESS OR INDUSTRY		
20. RESIDENCE—STATE	21. COUNTY	22. CITY, VILLAGE OR LOCATION		23. STREET AND NUMBER	24. INSIDE CITY LIMITS (Specify Yes or No)

15. FATHER—NAME David Evans			16. MOTHER—MAIDEN NAME Jane Evans		
17a. INFORMANT—NAME (Type or Print) J. N. Evans		17b. MAILING ADDRESS R. 6, Jackson, Ohio			

18. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Arterio Sclerosis DUE TO, OR AS A CONSEQUENCE OF:		
Conditions, if any, which gave rise to immediate cause, starting the underlying cause last (b) _____ DUE TO, OR AS A CONSEQUENCE OF:		
(c) _____ DUE TO, OR AS A CONSEQUENCE OF:		

19. PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in Part I (a)			20. AUTOPSY (Yes or No)	21. WAS CASE REFERRED TO CORONER (Specify Yes or No)
22. ACC., SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)	23. DATE OF INJURY (Month, Day, Year)	24. HOUR	25. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 18)	
26. INJURY AT WORK (Specify yes or no)	27. PLACE OF INJURY At home, farm, street, factory, office, etc. (Specify)	28. LOCATION (Street or R.F.D. no., city or village, state, zip)		

29. To be Completed by ATTENDING PHYSICIAN Only		30. To be Completed by CORONER Only	
31. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Oscar McLaughlin, M.D.		32. On the basis of an examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)	
33. DATE SIGNED (Mo., Day, Year) Oct. 9, 1910	34. HOUR OF DEATH 9 P. M.	35. DATE SIGNED (Mo., Day, Year)	36. HOUR OF DEATH
37. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) Rocky Hill		38. (Street or R.F.D. no., city or village, state, zip)	

39. BURIAL, CREMATION, OTHER (Specify)	40. DATE (Specify)	41. NAME OF CEMETERY OR CREMATORY	42. LOCATION (City, village, or county) (Specify)
Burial	Oct. 10, 1910	Soar Cemetery	Madison Twp.
43. NAME OF EMBALMER (I.L.C. No.)		44. FUNERAL DIRECTOR'S SIGNATURE (I.L.C. No.)	
45. FUNERAL FIRM AND ADDRESS		46. D. E. Jenkins	
47. DATE REC'D BY LOCAL REG.		48. DATE PERMIT ISSUED	
49. REGISTRAR'S SIGNATURE Cyrus Davis		50. SIGNATURE OF PERSON ISSUING PERMIT	
51. DIST. No.		52. DIST. No.	