

# COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

PLACE OF DEATH, DIST. No. 754 California State Board of Health State Index No. \_\_\_\_\_  
 (To be inserted by Registrar)

COUNTY OF CONTRA COSTA BUREAU OF VITAL STATISTICS Local Registered No. 96  
 STANDARD CERTIFICATE OF DEATH

City or Town of Martinez  
 or Rural Registration District (No. \_\_\_\_\_ ST.; \_\_\_\_\_ WARD)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Sec. 184 and 184 1/2.

<sup>1</sup> Full Name Virginia Menezes Costa

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>	16 DATE OF DEATH <u>June 18th</u> 19 <u>26</u> (Day) (Year)	
1a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Manuel F. Costa</u>			17 I HEREBY CERTIFY, That <u>deceased</u> from <u>JUNE 18</u> 19 <u>26</u> to <u>JUNE 18</u> 19 <u>26</u> ;	
6 DATE OF BIRTH <u>Dec. 21</u> 19 <u>00</u> (Month) (Day) (Year)			18 I first saw her <u>alive</u> on <u>JUNE 18</u> 19 <u>26</u> and that death occurred on the date stated above at <u>11:30</u> p.m.	
7 AGE <u>25</u> years <u>5</u> months <u>29</u> days			The CAUSE OF DEATH was as follows: <u>Tuberculosis of Glandular System</u>	
8 OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9 BIRTHPLACE (State or country city or town) <u>Portugal</u>			19a Where was disease contracted (if not at place of death) <u>at Home</u>	
PARENTS	10 NAME OF FATHER <u>Antonio Menezes</u>		19b Did an operation precede death? <u>NO</u> Date of _____	
	11 BIRTHPLACE OF FATHER (State or country) <u>Portugal</u>		Was there an autopsy? <u>NO</u>	
	12 MAIDEN NAME OF MOTHER <u>Josephine Augusta</u>		What test confirmed diagnosis? <u>Clinical Tests</u>	
13 BIRTHPLACE OF MOTHER (State or country)			(Signed) <u>Henry D. Buckmann</u> M.D. <u>June 18 1926</u> (Address) <u>Martinez</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Manuel F. Costa</u> (Address) <u>Crockett, Calif.</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
15 LENGTH OF RESIDENCE At Place of Death _____ years _____ months <u>1</u> days (Primary registration district (If nonresident, district or town and state)) In California _____ years <u>4</u> months _____ days How long in U. S. of foreign birth _____ years _____ months _____ days			19 PLACE OF BURIAL OR REMOVAL <u>Martinez Calif.</u> DATE OF BURIAL <u>June 21</u> 19 <u>26</u>	
16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____			20 UNDERTAKER <u>H. J. Curry</u> ENBALMER'S LICENSE No. _____	
17 FILED _____ 19 _____ Subregistrar			ADDRESS <u>Martinez Calif.</u> 792	
18 FILED <u>June 30</u> 19 <u>26</u> <u>R. B. Johnson</u> Registrar or Deputy				

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS  
 COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY RECORDER

ATTEST Ramona Ramirez  
 CONTRA COSTA COUNTY RECORDER

DATE ISSUED: MAY 28 2004

Stephen J. Weir  
 CONTRA COSTA COUNTY RECORDER



This copy not valid unless prepared on engraved border displaying date and signature of Deputy Recorder

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

