

State of California--Board of Health.

RETURN OF A DEATH.

CITY Gambro Hill  
 COUNTY Butte  
 Name, in full Joseph Rashe

Color:  WHITE  BLACK  INDIAN  CHINESE  JAPANESE  
 Sex:  MALE  FEMALE (Designate by X.)  
 Conjugal Condition:  SINGLE  MARRIED  WIDOWED  DIVORCED

Date of Death: Year 1907 Month Oct Day 26  
 Year of Birth: Year 77 Month      Day       
 Age: Years      Months      Days     

Occupation Farmer  
 (Returns occupation for all persons to years and over.)  
 Place of Birth Canada  
 Birthplace of Father      Birthplace of Mother      } STATE OR COUNTRY.  
 Place of Death Gambro Hill }  
 If death occurred in an institution, give the name of same,      Streets,      Ward,       
 Length of time deceased was an inmate,      and previous residence,     

Late Residence Gambro Hill Length of Residence in       
 Length of Residence in California       
 DATE OF BURIAL October 27, 1907  
 PLACE OF INTERMENT Gambro Hill Cemetery       
C. W. Sovereign Undertaker.

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

I hereby certify that I have attended the above-described decedent from Oct 21, 1907 to Oct 26, 1907; also, that the cause of death was as hereunto written.

CAUSE OR CAUSES OF DEATH.	DURATION OF CAUSE.			
	Years	Months	Days	Hours
Chief and Determining <u>Obliquus Erysipelas</u>				
Contributing and Consecutive Causes <u>    </u>				
Remarks: <u>    </u>				

Disease Contracted at       
 I certify that I am a graduate in medicine of      and that I have a license to practice medicine in accordance with the laws of the State of California.  
 Witness my hand this 27 day of Oct, 1907.  
F. B. Pearson M. D.  
 Address     

(The Certificate of Death must state the locality where all infectious and contagious diseases were contracted.)