STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

1 PLACE OF DEATH. DIST. No. 3301 (To be inserted by Registrar)

County of

City or Town of

or Rural Registration District

California State Board of Health
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

State Index No. 86

Local Registered No. 162

(No. 922 W. 8th 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.]

2 FULL NAME Frank B. Shilling

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Freda Shilling

6 DATE OF BIRTH: Oct. (Month) 23 (Day) 1885 (Year)

7 AGE: 34 years 7 months 22 days

If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Painter
(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): Iowa

PARENTS

10 NAME OF FATHER: Harry B. Shilling

BIRTHPLACE OF FATHER (city or town) (State or country): Illinois

11 MAIDEN NAME OF MOTHER: Lillian Pachman

BIRTHPLACE OF MOTHER (city or town) (State or country): Iowa

12a LENGTH OF RESIDENCE
At Place of Death (Primary registration district) years months 4 days
(If nonresident, give city or town and state)
In California 12 years months days
How long in U.S., if of foreign birth? years months days

13 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Lillian B. Carmical
(Address)

Filed June 16 1920 Wm. W. B. Wells, Subregistrar
File 19 Registrar or Deputy

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: June (Month) 15 (Day) 1920 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 6/12 1920, to 6/15 1920
that I last saw him alive on 6/15 1920
and that death occurred on the date stated above at 9.15 P.m.
The CAUSE OF DEATH* was as follows:
Intestinal Tuberculosis

(Duration) years months days

Contributory Pulmonary Tuberculosis
(Duration) lifetime years months days

18b Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. R. Martin M. D.
6/16 1920 (Address) Riverside, Cal.

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

19 PLACE OF BURIAL OR REMOVAL: San Jacinto Cal.

DATE OF BURIAL: June 17, 1920

20 UNDERTAKER: J. H. Fline

ADDRESS: Riverside, Cal.

EMBALMER'S LICENSE No. 442

EXACT DIMENSIONS OF CERTIFICATE. SEE INSTRUCTIONS ON BACK OF CERTIFICATE IS VERY IMPORTANT.

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, County Clerk-Recorder.

DATE ISSUED MAR 09 2001

Gary L. Orso
GARY L. ORSO
COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA

This copy is not valid unless prepared on engraved border displaying date, seal and signature of the County Clerk-Recorder.

THE GREAT SEAL OF THE STATE OF CALIFORNIA EUREKA

COUNTY CLERK-RECORDER RIVERSIDE COUNTY

MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE