CERTIFICATE OF DEATH

OT Y62-4431 — 50-089437

1a. NAME OF DECEASED (FIRST NAME) CHARLES	1b. (MIDDLE NAME) CARROLL	1c. (LAST NAME) YERKES	2a. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1950	2b. (HOUR) 11:15,
3. SEX Male	4. COLOR OR RACE White	5. MARRIED, NEVER MARRIED, WIDOWED, OR DIVORCED Married	6. DATE OF BIRTH June 13, 1903	AGE (IN YEARS) 47
8a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Stock-Man	8b. KIND OF BUSINESS OR INDUSTRY Golden State Dairy	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	CITIZEN OF WHAT COUNTRY USA	
11. NAME AND BIRTHPLACE OF FATHER Harman Yerkes - Penn.	12. MAIDEN NAME AND BIRTHPLACE OF MOTHER Mabel Bunty - Penn.	13. NAME OF SPOUSE (IF WIFE, GIVE MAIDEN NAME) Helen E. Yerkes		
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (SPECIFY YES, NO, OR UNKNOWN) no (IF YES, GIVE WAR OR DATES OF SERVICE)		15. SOCIAL SECURITY NUMBER 565-05-9019	16. INFORMANT Helen E. Yerkes	
17a. PLACE OF DEATH (CITY OR TOWN, IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR NAME OF NEAREST TOWN) Oakland		17d. LENGTH OF STAY IN THIS PLACE 15½ years	17c. COUNTY Alameda	
17b. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 515 - 63rd Street				
18a. STREET ADDRESS (IF RURAL, GIVE LOCATION) 515 - 63rd Street	18b. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR NAME OF NEAREST TOWN) Oakland	18c. COUNTY Alameda	18d. STATE California	

6

THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH

19. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES (MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) DUE TO (b) E 903.6 fracture skull

DUE TO (c)

19. II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH)

20a. DATE OF OPERATION	20b. MAJOR FINDINGS OF OPERATION	21. AUTOPSY? 12-20-50 ☒ YES ☐ NO
22a. ACCIDENT ~~SUICIDE~~ HOMICIDE (SPECIFY) ACCIDENT	22b. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.) In building	22c. LOCATION (CITY OR TOWN, COUNTY, STATE) Oakland, Alameda, California
22d. TIME OF INJURY (MONTH, DAY, YEAR, HOUR) Abt. 11:15 A. M. 12-19-50	22e. INJURY OCCURRED ☐ WHILE AT WORK ☒ NOT WHILE AT WORK	22f. HOW DID INJURY OCCUR? Fell at club meeting

23a. CORONER'S CERTIFICATE: I HEREBY CERTIFY THAT I HAVE HELD AN ☐ AUTOPSY ☐ INQUEST, OR ☐ INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND THAT THIS DECEASED CAME TO DEATH AT THE HOUR AND DATE STATED ABOVE pending

23b. PHYSICIAN'S CERTIFICATE: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ... TO ... THAT I LAST SAW THE DECEASED ALIVE ON ... AND THAT DEATH OCCURRED FROM THE CAUSES AND AT THE HOUR AND DATE STATED ABOVE

23c. SIGNATURE (PHYSICIAN OR CORONER) ▶ Mark C. Emerson	23d. ADDRESS (STREET AND NUMBER, CITY OR TOWN) M.D. Coroner 480-4th St. Oakland, Calif.	23e. DATE SIGNED 12/29/50
24a. BURIAL ☐ CREMATION ☐ REMOVAL	24b. DATE 12/22/50	24c. CEMETERY OR CREMATORY St. Joseph's Cemetery
25. SIGNATURE OF FUNERAL DIRECTOR Joseph F. Shelby		LICENSE NUMBER 3162
27. DATE RECEIVED BY LOCAL REGISTRAR DEC 21 1950	28. SIGNATURE OF LOCAL REGISTRAR ▶ [illegible]	26. FUNERAL DIRECTOR (NAME AND ADDRESS) Shelby & Co. Oakland 3007 Telegraph Ave.

REV. 8-1-50 FORM H.S.D. 11

DEPARTMENT OF PUBLIC HEALTH — CALIFORNIA