

Cette copie certifiée du certificat de
décès a été émise le 21 mars 1975.

WRITE PLAINLY WITH UNFADING INK—FILL IN ALL SPACES—
READ THE INSTRUCTIONS ON BACK OF THIS CERTIFICATE

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
County of _____ City or Town of _____ or Rural Registration District _____			STANDARD CERTIFICATE OF DEATH Local Registered No. _____	
* FULL NAME Eugene La Fleche			(If death occurred in hospital or institution, its NAME instead of street number and all Nos. 12a and 12b.)	
* SEX Male	* COLOR OR RACE White	* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed	* DATE OF DEATH January 10 1925 (Month) (Day) (Year)	
* If married, widowed, or divorced HUSBAND of (or) WIFE of _____			I HEREBY CERTIFY, That I attended deceased from Dec 20 1924 to Jan 10 1925	
* DATE OF BIRTH April 17 1872 (Month) (Day) (Year)			that I last saw him alive on Jan 9 1925	
* AGE 53 years 8 months 23 days If LESS than 1 day, ____ hrs. ____ min.			and that death occurred on the date stated above at 1:30	
* OCCUPATION (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) _____			The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis and chronic Myocarditis	
(c) Name of employer _____			Contributory Acute Dilatation of heart (Duration) Not Known	
* BIRTHPLACE (State or country city or town) Canada			(Duration) ____ years ____ months ____ days	
* NAME OF FATHER Unk			12b Where was disease contracted If not at place of death? _____	
* BIRTHPLACE OF FATHER (city or town) (State or country) Unk			Did an operation precede death? No Date of _____	
* MAIDEN NAME OF MOTHER Unk			Was there an autopsy? No	
* BIRTHPLACE OF MOTHER (city or town) (State or country) Unk			What test confirmed diagnosis? _____	
* LENGTH OF RESIDENCE 9 years ____ months ____ days			(Signed) M. M. Cloud	
At Place of Death (Primary registration district) (If nonresident, give city or town and state) _____			Jan 10 1925 (Address) 1804 1/2 Central	
In California 2 years ____ months ____ days			* State the DISEASE CAUSING DEATH, as in deaths from VIOLENT or state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, CLONAL, or HOMICIDAL. (See reverse side for additional space.)	
How long in U.S., if of foreign birth? _____ years ____ months ____ days			* PLACE OF BURIAL OR REMOVAL Evergreen Cem	
* THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Indorsement) George Parrish M.D.			DATE OF BURIAL Jan 12 1925	
(Address) 3600 Morgan Ave			* UNDERTAKER Conner Johnson Co	
* J an 12 25 George Parrish M.D.			ADDRESS 1400 E 17 St	
Filed _____ 19 _____ by H. Stef _____			132	

James R. Burt REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA



This is a true certified copy of the record
if it bears the seal, imprinted in purple ink,
of the Registrar-Recorder.

FEE
\$2.00 MAR 21 1975

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

Cette copie de l'original manuscrit
a été émise le 18 décembre 1991.

PLACE OF DEATH. Dist. No. 1001
(To be inserted by Registrar)

County of _____
City or _____
Town of _____
Rural Regis-
tration District _____

California State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(No. 3600 Major St.; _____)

25 001231

Local Registered No. 326

10F3

(If death occurred in a hospital or institution, give its NAME instead of street and number and all ext. Nos. 12a and 12b.)

FULL NAME John La. Fliche

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OF RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH April 17 1872 (Month) (Day) (Year)

AGE 53 years 8 months 23 days or less than 1 day, _____ hrs. _____ min.

OCCUPATION (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

BIRTHPLACE (State or country city or town) Canada

NAME OF FATHER _____

BIRTHPLACE OF FATHER (city or town) _____ (State or country) _____

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER (city or town) _____ (State or country) _____

LENGTH OF RESIDENCE 9 years 9 months _____ days

At Place of Death (Primary registration district) _____ (If nonresident, give city or town and state) _____

In California _____ years _____ months _____ days

How long in U.S., if of foreign birth? _____ years _____ months _____ days

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Thompson

(Address) 2606 Morgan Ave

GEORGE PARRISH, M. D., REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 10 1925 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1924 to Jan. 10 1925 that I last saw him alive on Jan. 9 1925

and that death occurred on the date stated above at 1:30 am. The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Chronic Myocarditis

129 (Duration) Not known

Contributory Cause: Dilatation of heart (Duration) _____ years _____ months _____ days

Where was disease contracted _____

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) M. M. Leland, M. D. Jan 10 1925 (Address) 1804 1/2 Central

*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.)

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____

Undertaker _____

Address 1400 E. 17 St. 1920

Filed JAN 12 1925

By J. B. Smith, Registrar or Deputy

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Kenneth W. Kizer, MD, MPH, Director and State Registrar of Vital Statistics

by: David W. Mitchell

DAVID MITCHELL, CHIEF OFFICE OF STATE REGISTRAR

DATE ISSUED DEC 18 1991

566797

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Le 10 avril 1925, Georges Hampan a fait corriger une information erronée sur le certificat original. Il a remplacé le nom "John La Fleche" par "Eugene La Fleche".

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

STATE OF CALIFORNIA 1501
County of Los Angeles ss.

25 001231

California State Board of Health

BUREAU OF VITAL STATISTICS

AFFIDAVITS FOR CORRECTION OF A RECORD

2 OF 3

Registered No. 326

City or Town of Los Angeles

George Hampan of 3600 - Morgan Ave Los Angeles
(Name of Affiant) (Address)

California, being first duly sworn, deposes and says that he is a Friend
(If related, specify degree - If friend or otherwise, so state)

of John La Fleche { who was born } in the City of Los Angeles
County of Los Angeles on the 10 day of January 1925
{ who died }

as stated in a certificate of { death } filed by Coroner Johnnie Co
(Give name of Physician or Midwife for Death - Undertaker for Death)
with the Local Registrar for the City of Los Angeles County of Los Angeles California
on the 12 day of January 1925

That the following facts set forth in said certificate are not correctly stated therein, to wit:

John La Fleche name of deceased

That affiant upon his own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows: Eugene La Fleche, name of deceased

(Affiant) George Hampan
(Address) 3600 Morgan Ave. Los Angeles, Cal.

Subscribed and sworn to before me this 10 day of April 1925

STATE OF CALIFORNIA
County of Los Angeles ss.

H. A. Burkehast
Notary Public in and for the County of Los Angeles State of California

Brigitte Laporte of Los Angeles
(Name of Affiant) (Address)

California, being first duly sworn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the said facts as stated therein are true.

(Affiant) Mrs. Brigitte Laporte
(Address) Los Angeles Calif.

Subscribed and sworn to before me this 10 day of April 1925

Notary Public in and for the County of Los Angeles State of California

*For correction of a marriage certificate, in rare instance where necessary, the words "were married," "marriage," and "minister," "priest," "judge" or "justice," etc., may be inserted specially by way of substitution throughout this blank.

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Kenneth W. Kizer, MD, MPH, Director and State Registrar of Vital Statistics

by: David W. Mitchell
DAVID MITCHELL CHIEF
OFFICE OF STATE REGISTRAR

DATE ISSUED
DEC 18 1991

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

PLACE OF DEATH, Dist. No. 1501
(To be inserted by Registrar)

California State Board of Health
BUREAU OF VITAL STATISTICS

3 OF 3

25 001231

County of _____
City or _____
Town of _____
or Rural Regis-
tration District _____

STANDARD CERTIFICATE OF DEATH

Local Registered No. 326

(No. 3600 Morgan 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

Eugene La Fleche

PERSONAL AND STATISTICAL PARTICULARS

* SEX _____ * COLOR OR RACE _____ * SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____

Male White Widowed

** If married, widowed, or divorced HUSBAND of (or) WIFE of _____

* DATE OF BIRTH _____
April 17 (Day) (Month) (Year) 1872

* AGE _____
53 years 8 months 23 days or _____ min.
If LESS than 1 day, _____ hrs.

* OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
Farmer

(c) Name of employer _____

* BIRTHPLACE _____
(State or country, city or town) Canada

* NAME OF FATHER _____
Unk

* BIRTHPLACE OF FATHER (city or town) _____
(State or country) Unk

* MAIDEN NAME OF MOTHER _____
Unk

* BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Unk

* LENGTH OF RESIDENCE _____

At Place of Death _____ years _____ months _____ days
(Primary registration district)
(If nonresident, give city or town and state)

In California _____ years _____ months _____ days

How long in U.S., if of foreign birth? _____ years _____ months _____ days

* THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Hamper

(Address) 3600 Morgan Ave

Filed Jan 12 1925 George Parrish M.D.

by David W. Mitchell Deputy

MEDICAL CERTIFICATE OF DEATH

* DATE OF DEATH _____
January 10 (Month) (Day) (Year) 1925

I HEREBY CERTIFY, That I attended deceased from _____

Dec 20 1924 to Jan 10 1925

that I last saw him alive on Jan 9 1925

and that death occurred on the date stated above at 1:30 P

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
and chronic Myocarditis

(Duration) Not known months _____ days

(Contributory) Acute Dilation of heart

(Duration) _____ years _____ months 8 days

** Where was disease contracted _____

if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) M. H. Cloud M. D.

Jan 10 1925 (Address) 1804 Central

* FROM 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.)

* PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____

Franklin Co Jan 12 1925

* UNDERTAKER Conner Johnson Co EMBALMER'S LICENSE No. _____

ADDRESS 1400 E 17 St 1800

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Kenneth W. Kizer, MD, MPH, Director and State Registrar of Vital Statistics

by: David W. Mitchell
DAVID MITCHELL, CHIEF
OFFICE OF STATE REGISTRAR

DATE ISSUED

530800

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

Ces autres copies officielles du certificat de décès d'ERL ont été émises en 1995.

PLACE OF DEATH. Dist. No. 1901
(To be inserted by Registrar)

Cause of Death *Heart*

County of *San Diego*

City or Town of *Bonita*

Rural Registration District *No. 326*

FULL NAME *John La Fache*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* **RACE** *White* **RELIGION** *Methodist*

DATE OF BIRTH *April 17 1872*

AGE *53 years 8 months 23 days*

OCCUPATION *Farmer*

BIRTHPLACE *Canada*

NAMES OF FATHER *Rich*

BIRTHPLACE OF FATHER *Rich*

MOTHER'S NAME *Rich*

BIRTHPLACE OF MOTHER *Rich*

LEAST RESIDENCE *Rich*

ALL PLACES OF RESIDENCE *Rich*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

SIGNATURE *George Parrish, M.D., REGISTRAR*

DATE *JAN 12 1925*

STANDARD CERTIFICATE OF DEATH

NAME *John La Fache*

DATE OF DEATH *January 10 1925*

CAUSE OF DEATH *Chronic Interstitial Nephritis and Chronic Myocarditis*

PLACE OF BURIAL OR CREMATION *Georgetown Cal Jan 12-25*

DECEASED'S SIGNATURE *John La Fache*

WITNESSES' SIGNATURES *1400 B. 17 SX*

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

NOV 07 1995

19-061153

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

STATE OF CALIFORNIA 1901
 County of Los Angeles 25 001231
 California State Board of Health 2 OF 3
 BUREAU OF VITAL STATISTICS
 ATTESTANTS FOR CORRECTION OF A RECORD
 Registered No. 326
 City or Town of Los Angeles
 of 3600 Morgan Ave Los Angeles
 he is a Friend
 California, being first duly sworn, deposes and says that she is a Friend
 of John La Plache (who died) in the City of Los Angeles
 County of Los Angeles on the 10 day of January 1928
 as stated in a certificate of death filed by Comar Johnson Co
 with the Local Registrar for the City of Los Angeles County of Los Angeles California
 on the 12 day of January 1928
 That the following facts set forth in said certificate are not correctly stated therein, to wit:
John La Plache name of deceased
 That affiant upon his own knowledge states the true facts to be and the changes necessary to make the record correct
 are, as follows: Eugene La Plache, name of deceased
 (Affiant) George Hampson
 (Address) 3600 Morgan Ave. Los Angeles, Cal.
 Subscribed and sworn to before me this 10 day of April 1928
 H. A. Arkshatt
 Notary Public in and for the County of Los Angeles State of California
 STATE OF CALIFORNIA
 County of Los Angeles
Brigitte Laporte of Los Angeles
 California, being first duly sworn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the
 said facts as stated therein are true.
 (Affiant) Mrs. Brigitte Laporte
 (Address) Los Angeles Calif.
 Subscribed and sworn to before me this 10 day of April 1928
 Notary Public in and for the County of Los Angeles State of California

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

NOV 07 1935

19-061152

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

PLACE OF DEATH: Dist. No. <u>1901</u>		California State Board of Health		3 OF 3 25 001231	
BUREAU OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		Local Registered No. <u>326</u>	
City or Town: _____		County: <u>San Diego</u>		Ward: _____	
Full Name: <u>Eugene La Fleche</u>		Age: <u>25</u>		Sex: <u>Male</u>	
Color or Race: <u>White</u>		Single Married Widowed: <u>Widowed</u>		Date of Death: <u>January 10 1928</u>	
Date of Birth: <u>April 17 1902</u>		Place of Birth: <u>San Diego</u>		Cause of Death: <u>Chronic Interstitial Nephritis and chronic Myocarditis</u>	
Occupation: <u>Farmer</u>		Medical Certificate of Death: <u>Not Known</u>		Date of Death: <u>January 10 1928</u>	
Name of Father: <u>Camille</u>		Name of Mother: <u>Unk</u>		Date of Death: <u>January 10 1928</u>	
Length of Residence: <u>25</u> years		Place of Residence: <u>San Diego</u>		Date of Death: <u>January 10 1928</u>	
The above is true to the best of my knowledge.		Signature: <u>George Parry M.D.</u>		Date: <u>Jan 12 1928</u>	
Printed Name: <u>George Parry M.D.</u>		Address: <u>3400 N 17 St</u>		City: <u>San Diego</u>	

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19-061151

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

25 001231

LIEU DE DÉCÈS. Dist. No. 1901
 Comté de
 Ville de
 ou District
 Rurale

Ministère De La Santé De l'État De Californie
 Bureau des Statistiques (États Civils)

CERTIFICAT DE DÉCÈS STANDARD

Local d'Enregistrement. 326

(No. 3600 MORGAN)

NOM COMPLET..... Eugene La Fleche

RENSEIGNEMENTS PERSONNELS ET STATISTIQUES

Sex Couleur ou Célibataire, Marié, Veuf
 Race ou Divorcé

Male Blanc Veuf

Si marié, veuf, ou divorcé

MARI de

(ou) FEMME de

DATE DE NAISSANCE 17 Avril 1871

ÂGE 53 ANS 8 MOIS 23 JOURS

OCCUPATION Fermier

Nom de l'Employeur

LIEU DE NAISSANCE

Canada

NOM du

PÈRE

Inconnu

LIEU de NAISSANCE du PÈRE

Inconnu

NOM de FILLE

de la MÈRE

Inconnu

LIEU de NAISSANCE

de la MÈRE

Inconnu

DURÉE DE LA RÉSIDENCE

A L'Endroit du Décès... ans 9 mois... jours

En Californie... 2 ans... mois... jours

Combien de temps aux États-Unis

si né à l'étranger... ans... mois... jours

LES INFORMATIONS CI-HAUTS SONT VRAIS À LA
 MEILLEURE DE MA CONNAISSANCE

(Informant) George Hampan

(Adresse) 3600 Ave. Morgan

George Parrish M.D.

ENREGISTRÉ 12 Janv. 1925

RÉGISTRE

CERTIFICAT DE DÉCÈS MÉDICAL

Date de Décès

10 Janvier

25

..... 19...

Je Certifie, par la Présente,

avoir soigné le décédé du :

20 Déc. 1924 au 10 Janv. 1925

Que je l'ai vu en vie pour la dernière fois

le 9 Janv. 1925

Et que le décès est survenu à la date

ci-haut rapportée à 1:30 A.m.

La Cause du Décès Fut la Suivante :

Néphrite Interstitiel Chronique

et Myocardite Chronique

(Durée) Inconnu

Contribuaire Dilatation aiguë du coeur

(Durée) ... ans ... mois ... jrs

Endroit où maladie fût contractée

si autre que lieu de décès

Est-ce qu'une intervention chirurgicale

a précédé la mort? Non

Y-a-t'il eu autopsie? Non

Quel test a confirmé le diagnostic?

(Signé) M.M. Cloud M.D.

10 Janv. 1925 (Adresse) 1804 1/2

LIEU D'ENTERREMENT DATE D'ENTERREMENT
 Cimetière Evergreen 12 Janv. 1925

ENTREPRENEUR DE POMPES FUNEBRES

Connor Johnson Cie.

Adresse 1400 Rue 17 Sud (ou Est?)