California, San Francisco Area Funeral Home Records, 1895-1985

1A. NAME OF DECEASED—FIRST NAME: Elizabeth
1B. MIDDLE NAME: Marion
1C. LAST NAME: Kilpatrick
2A. DATE OF DEATH—MONTH. DAY. YEAR: 1 / 18 / 72
2B. HOUR: M.
3. SEX: Fe
4. COLOR OR RACE: White
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): England
6. DATE OF BIRTH: Sept. 18, 1882
7. AGE (LAST BIRTHDAY): 89 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. NAME AND BIRTHPLACE OF FATHER: Edwin Arrel Madden - Ireland
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Elizabeth J. G. Rae - Scotland
10. CITIZEN OF WHAT COUNTRY: USA
11. SOCIAL SECURITY NUMBER: 547-74-9459T
12. MARRIED. NEVER MARRIED. WIDOWED. DIVORCED (SPECIFY): Widowed
13. NAME OF SURVIVING SPOUSE (IF WIFE. ENTER MAIDEN NAME): —
14. LAST OCCUPATION: Housewife
15. NUMBER OF YEARS IN THIS OCCUPATION: —
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED. SO STATE): —
17. KIND OF INDUSTRY OR BUSINESS: at Home
18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Villa Sanitarium
18B. STREET ADDRESS—(STREET AND NUMBER. OR LOCATION): 130 Vale
18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
18D. CITY OR TOWN: Daly City
18E. COUNTY: San Mateo
18F. LENGTH OF STAY IN COUNTY OF DEATH: YEARS
18G. LENGTH OF STAY IN CALIFORNIA: YEARS
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION):
19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO):
20. NAME AND MAILING ADDRESS OF INFORMANT:
19C. CITY OR TOWN:
19D. COUNTY:
19E. STATE:

21A. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR. DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW AN
(INVESTIGATION OR INQUEST)
21B. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR. DATE. AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED
FROM (ENTER MONTH. DAY. YEAR): Oct '65
TO (ENTER MONTH. DAY. YEAR): Jan 17 72
AND I LAST SAW THE DECEASED ALIVE ON (ENTER MONTH. DAY. YEAR): Jan 16 -
21C. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: Dr. Fred Lawrence
21D. DATE SIGNED:
21E. ADDRESS: 2515 Ocean Ave.
21F. PHYSICIAN'S CALIFORNIA LICENSE NUMBER:
22A. SPECIFY BURIAL. ENTOMBMENT OR CREMATION: Burial
22B. DATE: 1-21-72
23. NAME OF CEMETERY OR CREMATORY: Cypress Lawn
24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER:
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): N. Gray + Co.
26. IF NOT CERTIFIED BY CORONER. WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): No.
27. LOCAL REGISTRAR—SIGNATURE:
28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR:

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A. B. AND C
IMMEDIATE CAUSE (A): Cardio vascular decompensatin — 1 day
CONDITIONS. IF ANY. WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A). STATING THE UNDERLYING CAUSE LAST.
DUE TO. OR AS A CONSEQUENCE OF (B): Cerebral Vascular Hem. — 3 wks
DUE TO. OR AS A CONSEQUENCE OF (C): Arterial. HT D. — 7 yrs.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
30. PART II: OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART Ia:
31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY): No.
32A. AUTOPSY (SPECIFY YES OR NO):
32B. IF YES. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO):

33. SPECIFY ACCIDENT. SUICIDE OR HOMICIDE:
34. PLACE OF INJURY (SPECIFY HOME. FARM. FACTORY. FREEWAY. HIGHWAY. STREET. OFFICE BUILDING. ETC.):
35. INJURY AT WORK (SPECIFY YES OR NO):
36A. DATE OF INJURY— MONTH. DAY. YEAR:
36B. HOUR: M.
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN):
37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE. ITEM 19: MILES
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO):
39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO):
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29):

NAME ELIZABETH M. KILPATRICK NATIVITY Eng. AGE 89
Rel ~~HUSBAND~~ OR WIFE OF the late Frederick H. Kilpatrick
FATHER OR MOTHER OF
SON OR DAUGHTER OF
BROTHER OR SISTER OF
MEMBER OF

19th Ave.

FUNERAL NOTICE FORM - INVITE FRIENDS ☐ SHORT FORM ☑ PRIVATE ☐
HOUR 9a M Frid DAY DATE 1-21-72 PLACE St Elizabeth Church. Wayland & Somerset. —
1X COMBINATION Wed. CHRON. EXAM. N.C.