

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

71-045623

CERTIFICATE OF DEATH

4807

372

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

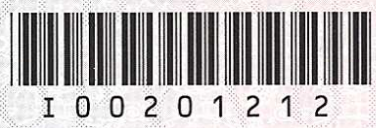
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME Gladya	1b. MIDDLE NAME Oneda	1c. LAST NAME Gresham	2a. DATE OF DEATH—MONTH DAY YEAR Found March 30, 1971	2b. TIME OF DEATH 9:00 A.M.	
	3. SEX Female	4. COLOR OR RACE White	5. BIRTHPLACE—STATE OR FOREIGN COUNTRY Oklahoma	6. DATE OF BIRTH July 21, 1910	7. AGE—LAST BIRTHDAY 60	
	8. NAME AND BIRTHPLACE OF FATHER Edgar Gresham/Mississippi			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Dollie Lee Powell/Mississippi		
	10. CITIZEN OF WHAT COUNTRY U.S.A.	11. SOCIAL SECURITY NUMBER 440-05-2972	12. MARRIED—NEVER MARRIED WIDOWED DIVORCED (S. CERTIFY) Never Married	13. NAME OF SURVIVING SPOUSE (IF WIFE ENTER MARRIEN NAME)		
PLACE OF DEATH	14. LAST OCCUPATION PBX Operator	15. NUMBER OF YEARS IN THIS OCCUPATION 37	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) Pacific Telephone Co.	17. KIND OF INDUSTRY OR BUSINESS Communication		
	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY At Home	18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 710 Carolina Street		18c. INSIDE CITY CORPORATE LIMITS—SPECIFY YES OR NO Yes		
	18d. CITY OR TOWN Vallejo	18e. COUNTY Solano	18f. LENGTH OF RESIDENCE IN CITY OR TOWN—YEARS 37	18g. LENGTH OF RESIDENCE IN COUNTY—YEARS 37	18h. LENGTH OF RESIDENCE IN STATE—YEARS 37	
	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OF LOCATION) 710 Carolina Street	19b. INSIDE CITY CORPORATE LIMITS—SPECIFY YES OR NO Yes	20. NAME AND MAILING ADDRESS OF INFORMANT Mr. Daniel L. Horan Solano County Public Administrator Vallejo, California			
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. CORONER—CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT YOU HAD VIEWED THE REMAINS OF DECEASED AS REQUIRED BY LAW Investigation	21b. PHYSICIAN—CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT YOU HAD VIEWED THE REMAINS OF DECEASED AS REQUIRED BY LAW Daniel L. ... Coroner by ...	21c. PHYSICIAN OR CORONER—SIGNATURE AND TITLE Daniel L. ... Deputy Coroner	21d. DATE SIGNED 4/2/71	21e. PHYSICIAN'S CALIFORNIA LICENSE NUMBER	
	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial	22b. DATE 4/6/1971	23. NAME OF CEMETERY OR CREMATORY Chandler, Ok. ...	24. EMBALMER—SIGNATURE AND LICENSE NUMBER James E. O'Brien 5166		
	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Colonial Chapels	26. IF NOT CERTIFIED BY CORONER THIS DEATH REPORTED TO CORONER (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE Henry B. ...	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR APR 1 1971		
MEDICAL AND HEALTH DATA	29. PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) MULTIPLE STAB WOUNDS TO CHEST AND ABDOMEN WITH HEMORRHAGES. (B) CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATED THE UNDERLYING CAUSE LAST. (C) DUE TO, OR AS A CONSEQUENCE OF				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 I					
	31. WAS OPERATION ON BICIPIT—CERTIFIED FOR ANY CONDITION IN ITEMS 25 OR 26? (SPECIFY OPERATION AND/OR BICIPIT)	32a. APPROVED YES OR NO Yes	32b. YES WERE FINDING OF CAUSE OF DEATH SPECIFIED YES OR NO Yes			
INJURY INFORMATION	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE HOMICIDE	34. PLACE OF INJURY (SPECIFY HOW, FLOOR, ELEVATOR, OFFICE BUILDING, ETC.) HOME	35. INJURY AT WORK (SPECIFY YES OR NO) No	36. FOUND OF INJURY—MONTH DAY YEAR Found March 30, 1971	36b. TIME 9:00 A.M.	
	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) RESIDENCE 710 CAROLINA ST., VALLEJO, CAL.		37b. DISTANCE FROM PLACE OF RESIDENCE TO PLACE OF INJURY (MILES) 0	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO) No	39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO) No	
	40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29) VICTIM STABBED MULTIPLE TIMES BY INTRUDER.					
STATE REGISTRAR	A. 7	B. X	C. 1	D.	E. 966x	



This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.
 Teresita Trinidad
 STATE REGISTRAR OF VITAL RECORDS
 DATE ISSUED **08 JUL 23 PM 1:38**

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