12925

AMENDMENT OF MEDICAL AND HEALTH SECTION DATA—DEATH 190 -02467

(INSTRUCTIONS ON REVERSE)

STATE FILE CERTIFICATE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

IDENTIFICATION OF THE RECORD

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
Pamela	Susan	Morrison

2 of 2

2. PLACE OF OCCURRENCE—CITY OR COUNTY	3. DATE OF EVENT	4. DATE ORIGINAL FILED
Los Angeles	April 25, 1974	4-29-74

ORIGINALLY REPORTED INFORMATION

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

IMMEDIATE CAUSE (A): Deferred

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF (B):

DUE TO, OR AS A CONSEQUENCE OF (C):

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 OF AUTOPSY PERFORMED FOR ANY CONDITION IN ITEM 29 OR 30? (SPECIFY YES OR NO):

32a. AUTOPSY (SPECIFY YES OR NO): Yes

32b. IF FEMALE, WAS PREGNANCY A DETERMINING FACTOR IN 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 10	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):
	MILES		

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

IMMEDIATE CAUSE (A): ACUTE HEROIN-MORPHINE INTOXICATION

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF (B): INJECTION OF OVERDOSE

DUE TO, OR AS A CONSEQUENCE OF (C):

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 AUTOPSY PERFORMED FOR ANY CONDITION IN ITEM 29 OR 30? (SPECIFY YES OR NO): No

32a. AUTOPSY (SPECIFY YES OR NO): Yes

32b. IF FEMALE, WAS PREGNANCY A DETERMINING FACTOR IN CAUSE OF DEATH? (SPECIFY YES OR NO): Yes

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
Accident	Home	No	April 25, 1974	2200 M

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 10	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):
108 N. Sycamore Ave., # 1, Los Angeles	0 MILES	Yes	Yes

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)

As Above

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

5. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

6a. SIGNATURE OF PHYSICIAN OR CORONER: W. L. Thomas M.D.

6b. DATE SIGNED: 6-3-74

7a. NAME OF PHYSICIAN OR CORONER (PRINT OR TYPE): BY: W. L. S[illegible] J.T. [illegible]TY

7b. DEGREE OR TITLE: MD 27533

7c. ADDRESS—STREET, CITY, STATE: 1104 N. MISSION RD. LOS ANGELES, CALIFORNIA

REGISTRAR'S OFFICE

8a. OFFICE OF STATE OR LOCAL REGISTRAR: Litton A. Wittwer Jr. R

8b. DATE ACCEPTED: JUN 6 1974

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS (REV. 11-68) FORM VS-24