

BC #92-004445

| | | | | | |
|--|--|--|--|--|--|
| 1. DECEASED - FIRST NAME [REDACTED] | | 2. SEX Female | | 3. DATE OF DEATH (MONTH, DAY, YEAR) [REDACTED] | |
| 4a. RACE Filipino, Hawaiian 03 | | 4b. IS PERSON OF SPANISH ORIGIN? YES 1 <input type="checkbox"/> Puerto Rican 2 <input type="checkbox"/> Mexican 3 <input type="checkbox"/> Cuban 4 <input type="checkbox"/> Central & American 5 <input type="checkbox"/> Other & Unknown Spanish Origin NO 63 | | 5. AGE - LAST BIRTHDAY (YEARS) MOS. DAYS HOURS MIN. 12 422 | |
| 7a-1. ISLAND OF DEATH Hawaii | | 7b. CITY, TOWN OR LOCATION OF DEATH Hilo | | 7c. HOSPITAL OR OTHER INSTITUTION Hilo Hospital | |
| 8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Hawaii | | 9. CITIZEN OF WHAT COUNTRY U.S.A. 58 | | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married | |
| 13. SOCIAL SECURITY NUMBER - | | 14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) - 911 | | 14b. KIND OF BUSINESS OR INDUSTRY - 961 | |
| 15a. RESIDENCE - STATE Hawaii | | 15b. COUNTY Hawaii | | 15c. CITY, TOWN, OR LOCATION Pepeekeo | |
| 15d. INSIDE CITY LIMITS (SPECIFY YES OR NO) No | | 15e. NUMBER AND STREET 28-2926 Kumula St., N-14 96783 | | | |
| 16. FATHER - FIRST NAME MIDDLE NAME LAST NAME PETER J KEPA KEMA, SR. | | | 17. MOTHER - FIRST NAME MIDDLE NAME MAIDEN NAME JAYLIN MAUREEN ACOL | | |
| 18a. INFORMANT - NAME Peter J. Kema, Sr. | | | 18b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 28-2926 Kumula St., Apt. N-14, Pepeekeo, HI 96783 | | |
| 19a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | 19b. CEMETERY OR CREMATORY - NAME Mauna Ziona Cemetery | | 19c. LOCATION CITY OR TOWN STATE Kalaoa Hawaii | |
| 19d. DATE (MONTH, DAY, YEAR) March 7, 1992 | | 19e. PERMIT NUMBER 165 | | 20a. FUNERAL HOME - NAME Dodo Mortuary | |
| 20b. FUNERAL DIRECTOR - SIGNATURE [Signature] | | 21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #21a through #27g where applicable) (Signature and Title) [Signature] | | | |
| 21b. DATE SIGNED (MO., DAY, YR.) Feb 28, 1992 | | 21c. HOUR OF DEATH 7:23 P M | | 22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #22b through #27g where applicable) (Signature and Title) [Signature] | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Ruth H. Matsuura, M.D. | | 22b. DATE SIGNED (MO., DAY, YR.) | | 22c. HOUR OF DEATH | |
| 22d. PRONOUNCED DEAD (MO., DAY, YR.) | | 22e. PRONOUNCED DEAD (HOUR) | | 22f. ON AT M | |
| 23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) Ruth H. Matsuura, M.D., 670 Ponahawai St., Suite 214, Hilo, HI 96720 | | | | | |
| 24a. REGISTER - SIGNATURE DEPUTY [Signature] | | 24b. DATE RECEIVED BY LOCAL REGISTRAR MAR 3 1992 | | 24c. DATE FILED BY STATE REGISTRAR MAR - 5 1992 | |
| PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) IMMEDIATE CAUSE (a) [REDACTED] OR AS A CONSEQUENCE OF: (b) [REDACTED] DUE TO, OR AS A CONSEQUENCE OF: (c) | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH [REDACTED] | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART (I) | | | | 26a. AUTOPSY (YES OR NO) No | |
| 26b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? | | | | | |
| 27a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY) | | 27b. DATE OF INJURY (MONTH, DAY, YEAR) | | 27c. HOUR | |
| 27d. INJURY AT WORK (SPECIFY) YES OR NO | | 27e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | | | |
| 27f. DESCRIBE HOW INJURY OCCURRED | | | | | |
| 27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | | | | | |

FOR OFFICIAL USE ONLY