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WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

REG. DIST. NO. R-1
REGISTRAR'S NO. 19
STATE FILE NO. 5666

1. **PLACE OF DEATH**
a. COUNTY: Thurston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tumwater
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 111 Deschutes Way

2. **USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington b. COUNTY: Thurston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tumwater (rural)
d. STREET ADDRESS (If rural, give location): 111 Deschutes Way

3. NAME OF DECEASED (Type or print): a. (First) Louise b. (Middle) -- c. (Last) Hodge

4. DATE OF DEATH: (Month) (Day) (Year) March 17, 1949

5. SEX: female | 6. COLOR OR RACE: white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: Sept. 19, 1886 | 9. AGE (In years last birthday): 62 | If Under 1 Yr. Months / Days | If Under 24 Hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Verndale, Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Kindred

14. MOTHER'S MAIDEN NAME: Katie Kennedy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no

17. INFORMANT: Garrie Hodge

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18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma Liver. — INTERVAL BETWEEN ONSET AND DEATH: mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b) Ca. Left Breast. 4 yr. — unknown
Due to (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 3-1-48
19b. MAJOR FINDINGS OF OPERATION: Ca. L. Breast
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT (Specify) SUICIDE HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* aug. , 1946, to March 17., 1949, *that I last saw the deceased alive on* Mar. 15 , 1949, *and that death occurred at* 6 45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J Hamelius MD. (Degree or title)
23b. ADDRESS: Olympia Wash
23c. DATE SIGNED: Mch. 18 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: March 21, 1949
24c. NAME OF CEMETERY OR CREMATORY: Mt. View
24d. LOCATION (City, town, or county) (State): Tacoma, Washington

DATE REC'D BY LOCAL REG.: 3-19-1949
REGISTRAR'S SIGNATURE: Florence Berry
25. FUNERAL DIRECTOR ADDRESS: Mills and Mills Arley D. Mills Olympia, Wash.

APR - 6 1949