

WASHINGTON STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 92
Registrar's No. 227

1. PLACE OF DEATH:
a) County Kitsap
b) City or town Rural
(If outside city or town limits, write RURAL.)
c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
d) Length of stay: In hospital or institution _____
In this community (Years, months or days) 3 years
(Specify whether)

2. USUAL RESIDENCE OF DECEASED:
a) State Wash b) County Kitsap
c) City or town Port Orchard
(If outside city or town limits, write RURAL.)
d) Street No. Rt. 4 Box 209
(If rural give location)
e) If foreign born, how long in U. S. A.? _____ years

(a) FULL NAME Harry Burton Chichester

3. (c) Social Security Number _____

(b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? _____ Name of organization in which such service was rendered: _____ Rank _____ Period of service _____

MEDICAL CERTIFICATION

20. Date of death: Month May day 26 year 1944 hour 2PM minute _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Skull fracture.

Due to _____

Due to 170"

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Physician _____

Underline the cause to which death should be charged statistically.

Sex male 5. Color or race White 6(a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Delia Chichester 6(c) Age of husband or wife if alive _____ years

Birth date of deceased June 29 1870
(Month) (Day) (Year)

AGE: Years Months Days If less than one day
73 10 27 hr. min.

Birthplace Kansas
(City, town or county) (State or foreign country)

Usual occupation Farmer

Industry or business _____

12. Name James Chichester

13. Birthplace Mass
(City, town, or county) (State or foreign country)

14. Maiden name Abby Lamkin

15. Birthplace U.S.
(City, town, or county) (State or foreign country)

(a) Informant's own signature Mrs. Ada Field

(b) Address Bremerton, Wash.

(a) Removal (b) Date thereof May 28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berndale Wash

(a) Signature of MILLER-REYNOLDS, Inc.
W. J. Miller
General Director
CIVIL AND PARK

(b) Address BREMERTON, WASH

(a) 5/28-44 (b) Leone Whitney
Date received local registrar (Registrar's signature)

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 26, 1944

(c) Where did injury occur? County (Kitsap)
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On public highway

While at work? Not (Specify type of place)
(e) Means of injury Auto accident

23. Signature Jack H. Rogers, Co. Coroner (or other)

Address Bremerton Wash Date signed 5/28/44