

## WASHINGTON STATE DEPARTMENT OF HEALTH--BUREAU OF VITAL STATISTICS

STATE  
FILE NO. 22571

REG. DIST NO. 13-1

## CERTIFICATE OF DEATH

REGISTRAR'S NO. 339

1. PLACE OF DEATH a. COUNTY <u>Whatcom</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Washington</u> b. COUNTY <u>Whatcom</u>	
b. CITY, TOWN, OR LOCATION <u>Bellingham</u>		c. CITY, TOWN, OR LOCATION <u>Bellingham</u>	
c. LENGTH OF STAY IN 1b <u>60 yrs.</u>		d. STREET ADDRESS <u>2805 Kulshan Street</u>	
d. NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		e. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		f. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>OSCAR</u> Last <u>ELWOOD</u>		4. DATE OF DEATH Month <u>October</u> Day <u>5</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Marital Status Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 30, 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret'd. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Poultry</u>	
11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Nathaniel Elwood</u>		14. MOTHER'S MAIDEN NAME <u>Betty Elder</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT <u>Harry Elwood, Bellingham, Wash.</u>		Address <u>8-3307</u>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary atherosclerosis and</u> DUE TO (b) <u>myocardial infarction</u> DUE TO (c) <u>myocardial infarction</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE <u>Post-Surgical - Resection of Colon for Large Cancer</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>NOV 7 1963</u>	
20c. TIME OF INJURY Hour <u>7</u> a. m. <u>30</u> p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>9/23/63</u>		20f. CITY, TOWN, OR LOCATION <u>Bellingham, Washington</u>	
21. I attended the deceased from <u>9/23/63</u> to <u>10/5/63</u> and last saw him alive on <u>10/5/63</u> Death occurred at <u>5:30 A. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22. ADDRESS <u>Bellingham, Washington</u>	
22a. SIGNATURE <u>[Signature]</u>		22c. DATE SIGNED <u>Oct. 8, 1963</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 9, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		23d. LOCATION (City, town, or county) (State) <u>Ferndale, Washington</u>	
24. FUNERAL DIRECTOR <u>JONES FUNERAL HOME, Bellingham, Wash.</u>		25. DATE REC'D BY LOCAL REG. <u>OCT 8 1963</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

S. F. No. 7384-12-63-7531. 77008.