

# WASHINGTON STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFIED COPY OF DEATH CERTIFICATE

78

Record No. \_\_\_\_\_

File No. 4519

Registered No. 57

PLACE OF DEATH

County of Kitsap

City or Town of Ollala

Registration Dist. No. \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

Full Name Claire Williamson [If death occurred in a Hospital or Institution give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 Sex <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed, or Divorced <u>Single</u> <small>(Write the word)</small>	16 Date of Death <u>5</u> <u>19</u> , 191 <u>1</u> <small>(Month) (Day) (Year)</small>	
6 Date of Birth <u>4<sup>th</sup></u> <u>10<sup>th</sup></u> , 18 <u>77</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from <u>Feb 27</u> , 191 <u>1</u> , to <u>May 19</u> , 191 <u>1</u> , that I last saw her alive on <u>May 19</u> , 191 <u>1</u> , and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Arteriosclerosis of Liver</u>	
7 Age <u>33</u> yrs. <u>7</u> mos. <u>14</u> ds. <small>If LESS than 1 day, _____ hrs. or _____ min?</small>			Contributory <u>Constriction of Decidua of Intestine Chronic Britanitis</u> <small>(Duration) _____ yrs. _____ mos. _____ ds.</small> (Signed) <u>Linda Buford Haggard</u> <u>M.D.</u> <u>May 21, 1911</u> (Address) <u>Seattle Wash D.C.</u>	
8 Occupation <u>Invalid</u>				
9 Birthplace (State or country) <u>England</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
10 Name of Father <u>Geo. Williamson</u>				
11 Birthplace of Father (State or country) <u>Scotland</u>				
12 Maiden Name of Mother <u>Rosalind Alameda</u>			18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
13 Birthplace of Mother (State or country) <u>China</u>			Where was disease contracted, if not at place of death? <u>England</u>	
14 The above is true to the best of my knowledge (Informant) <u>Dr. L. B. Haggard</u> (Address) <u>Seattle Wash.</u>			Former or usual residence <u>England</u>	
15 Filed <u>June 26-1911</u> <u>Edwin D. By M.D.</u> <u>June 27, 1911</u> <u>C. W. Denny</u> REGISTRAR.			19 Place of Burial or Removal <u>Seattle Wash.</u> Date of Burial <u>5/20</u> , 191 <u>1</u>	
			20 Undertaker <u>Butterworth &amp; Sons</u> Address <u>Seattle</u>	

I HEREBY CERTIFY, That the foregoing is a true copy of the certificate of death of

Claire Williamson  
filed with the Bureau of Vital Statistics of the Board of Health of the State of Washington.

Engel R. Kelly  
State Registrar.

Seattle, Wash., Feb 1, 1912