22979. S. F. No. 825—1921. Approved by Dept. of Efficiency.

Washington State Board of Health

19 12

Record No.

PLACE OF DEATH

County of Douglas

City or Town of Waterville

Registration Dist. No. R4 No.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME H. N. Wilcox

(a) Residence No. St.; 432

(Usual place of abode)

(b) If non-resident, give city or town, and state

(c) How long in Registration Dist. yrs. mos. ds.; how long in U. S. if of foreign birth yrs. mos. ds.

Personal and Statistical Particulars

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (Write the word)
Male	White	Married

5. (a) If married, widowed or divorced: Husband of Eva Wilcox or Wife of

6. Date of birth: (Month) Oct (Day) 3 (Year) 853

7. Age: 70 yrs. 9 mos. 8 ds. If less than one day: hrs. or min.

8. Occupation of deceased:
(a) Trade, profession, or particular kind of work Retd Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. Birthplace (City or town) Iowa.
(State or country)

PARENTS

10. Name of Father Harmon Wilcox
11. Birthplace of Father (City or town) (State or Country) Canada
12. Maiden name of Mother Eliza N Berry
13. Birthplace of Mother (City or town) (State or Country) Kentucky

14. Informant Harmon Wilcox
Address Waterville Wash

15. Filed July 12 1924 E M Thomas Registrar.

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions (Insert numbers of unanswered questions)

Medical Certificate of Death

16. Date of death July (Month) 11 (Day) 1924 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6 1924 to July 11 1924 that I last saw h alive on July 11 1924 and that death occurred on the date stated above, at 2 P m.

(State the disease causing death, or, in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL).
The CAUSE OF DEATH was as follows:

(Primary) Cerebral hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(Duration) ? yrs. mos. ds.

18. Where was disease contracted if not at the place of death?

(a) Did an operation precede death? no Date of

(b) Was there an autopsy? no

(c) What test confirmed diagnosis?

(Signed) B H Ellis M.D.

July 12 1924 Address Waterville Wash

19. Place of Burial, Cremation or Removal Waterville Cem Date of Burial July 13 1924

20. Undertaker E M Thomas Address Waterville

AUG 3 1924

(Signature of Undertaker)