

FEDERAL SECURITY AGENCY
U. S. P. H. S.
National Office of Vital Statistics

Washington State Department of Health
PUBLIC HEALTH STATISTICS SECTION
CERTIFICATE OF DEATH

State File No. **8715**
Registrar's No. **49**

1. PLACE OF DEATH:

(a) County **Whatcom** **Skagit**
(b) City or town **Mt. Vernon**
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: **Rowley's**
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution **25** **days**
(Specify whether
In this community (Years, months or days) **lifetime**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Wash.** (b) County **Whatcom**
(c) City or town **Bellingham**
(If outside city or town limits, write RURAL)
(d) Street No. **2522 Park**
(If rural give location)
(e) If foreign born, how long in U. S. A.? ******** years

3. (a) FULL NAME **Effie Leoma Elwood**

3. (c) Social Security Number **None**

3. (b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? **No** Name of organization in which such service was rendered:
Rank: Period of service:

4. Sex **F** 5. Color or race **W** 6(a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Robert O.** 6(c) Age of husband or wife if alive **65** years
7. Birth date of deceased **Oct. 23, 1886**
(Month) (Day) (Year)
8. AGE: Years **61** Months **6** Days **4** If less than one day hr. min.

9. Birthplace **Fairfield** **Nebraska**
(City, town or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business *********

Father { 12. Name **Allen W. Headley**
13. Birthplace ********* **Neb.**
(City, town, or county) (State or foreign country)

Mother { 14. Maiden name **Sadie Sperry**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Charles A. White**
(b) Address **Bellingham** **Wash.**

17. (a) **Burial** (b) Date thereof **5/1/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Woodlawn**
Bingham-Dahlquist

18. (a) Signature of funeral director **By A. W. Allen**
(b) Address **Bellingham** **Wash.**

19. (a) **5/1/48** (b) **Frank E. Zimpf**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month **April** day **27**
year **1948** hour **6** minute **30** p.m.

21. I hereby certify that I attended the deceased from **April 2, 1948**, to **April 27, 1948**, that I last saw her alive on **April 27, 1948**, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** ?

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

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

(b) Date of occurrence

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work (Specify type of place)

Means of injury

23. Signature **R. R. Dehms** (M. D. or other)

Address **Mt. Vernon, Wash.** Date signed

This may be properly classified. Exact statement of OCCUPATION is very important.