

RETURN OF A DEATH.

County Spokane

Town _____

Village _____

City Spokane

STATE

OF

WASHINGTON.

No. OF RECORD.

7245

No. OF BURIAL PERMIT.

MAKE RETURN AS COMPLETE AS POSSIBLE.

1. Name, in full Mrs Arta Thorpe

2. Color: _____ 3. Sex: _____ 4. Conjugal Condition: _____

White.

Male.

Single.

Black (Negro or mixed).

Female.

Married.

Indian.

Widowed.

Chinese.

Divorced.

Japanese.

NOTE.—For questions 2, 3 and 4, strike out words not applicable.

5. Date of Death. Year 1904 Month 1 Day 31 6. Of Birth. Year _____ Month _____ Day _____ 7. Age. Years 36 Months _____ Days _____

8. Occupation house wife

(Return occupation of all persons 10 years of age or over.)

9. Place of Birth Mo. W.F.

10. Father's Name Colonel Cody

11. Birthplace of Father Iowa STATE OR COUNTRY.

12. Mother's Maiden Name Levile Fredericks

13. Birthplace of Mother Mo.

14. Disease or Cause of Death:

Chief Cause Parotiditis & meningitis DURATION. 2 days

Contributing Cause pneumonia 2 weeks

Place where disease was contracted, if other than place of death Nebraska

15. Place of Death: No. Sacred Heart Hospital Street, _____ Ward.

If death occurred in an Institution, give the name of same

Length of time deceased was an inmate 4 days and previous residence

Nebraska

16. Late Residence Denver Col

Length of residence (in city or town) _____

Undertaker SMITH & CO.

Place of Interment Rochester, N.Y.

Signature L. P. Thomas (Of physician or informant.)

Date of Certificate FEB 1 - 1904, 190

Thomas

FILL OUT WITH INK ONLY, AND WRITE PLAINLY.