Dr. Van Brocklin

REG. DIST NO. 2-4

WASHINGTON STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NO. 7753

REGISTRAR'S NO. 97

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY, TOWN, OR LOCATION: Centralia
c. LENGTH OF STAY IN: 1 week
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Centralia General Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Washington
b. COUNTY: Lewis
c. CITY, TOWN, OR LOCATION: Centralia
d. STREET ADDRESS: 315 Kilding St.
e. IS RESIDENCE INSIDE CITY LIMITS? Yes ☒ No ☐
f. IS RESIDENCE ON A FARM? Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Nord Middle Belle Last Stilson
4. DATE OF DEATH: Month April Day 25 Year 1959
5. SEX: F
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/16/1879
9. AGE (In years last birthday): 79
If Under 1 Year: Months / Days
If Under 24 Hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Charles A. Kipple
14. MOTHER'S MAIDEN NAME: Adelia Bradley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Elvora Valler 315 Kilding St - Centralia (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which give rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis, generalized — 4 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): Diabetes mellitus, arteriosclerotic heart disease
19. WAS AUTOPSY PERFORMED? Yes ☐ No ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY (Hour a. m. p. m.; Month, Day, Year): MAY 13 1953
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION / COUNTY / STATE

21. I attended the deceased from 1957, to Apr 25 '59 and last saw her alive on Apr 25, 1959. Death occurred at 1030 P m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): C. M. VanBrocklin MD
22b. ADDRESS: Crotfal Bldg Centralia Wash
22c. DATE SIGNED: 4/28/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/28/59
23c. NAME OF CEMETERY OR CREMATORY: Driemwood Cemetery
23d. LOCATION (City, town, or county) (State): Centralia Wash.
24. FUNERAL DIRECTOR / ADDRESS: C. M. Stickley Centralia
25. DATE RECD BY LOCAL REG.: 4-29-59
26. REGISTRAR'S SIGNATURE: Fiona L. Clarke

S. F. No. 7754—11-56—100M. 40966.