Deliver This Certificate to Your Local Registrar. Not to the State Board of Health.

Washington State Board of Health

Record No. 166

Deliver This Certificate to Your Local Registrar. Not to the State Board of Health.

PLACE OF DEATH

Washington State Board of Health

Record No. 163

County of Whatcom

City or Town of Blaine

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No.

Registration Dist. No. 1

[If death occurs away from USUAL RESIDENCE give facts called for under Item 18.]

(No. 635, St.; Ward)

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

FULL NAME Tomas Bertrand

Personal and Statistical Particulars

3 Sex: male

4 Color or Race: half Indian

5 Single, Married, Widowed, or Divorced (Write the word): Married

6 Date of Birth: 17 June (Month) June (Day) 1878 (Year)

7 Age: 40 yrs. 5 mos. 1 ds. If LESS than 1 day, ____ hrs. or ____ min?

8 Occupation
(a) Trade, profession or particular kind of work: Logger
(b) General nature of industry, business or establishment in which employed (or employer):

9 Birthplace (State or country): Burnaby B C

PARENTS

10 Name of Father: Jamie Bertrand

11 Birthplace of Father (State or country): Wisconsin

12 Maiden name of Mother: Mary

13 Birthplace of Mother (State or country): Chilliwack

14 The above is true to the best of my knowledge
(Informant) A Marshall
(Address) Blaine Wash

15 Filed Nov 19 1918 W S Whitaf le Registrar.

I HEREBY CERTIFY, That I have been unable to secure answers to Questions ____
(Insert numbers of unanswered questions)

(Signature of Undertaker)

Medical Certificate of Death

16 Date of Death: Nov. (Month) 18 (Day) 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1918 to Nov 18, 1918
that I last saw h[illegible] alive on Nov. 18, 1918
and that death occurred, on the date above, at 9 P m.
The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis

(Duration) ____ yrs. ____ mos. 10 ds.

Contributory (Secondary) Pneumonia

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) D Wesley Kay M.D.
11-19, 1918 (Address) Bellingham

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents)
At Place of death 30 yrs. ____ mos. ____ ds. In the State 40 yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence Burnaby B. C.

19 Place of Burial of Removal: Blaine Cemetery — Date of Burial: Nov 19, 1918

20 Undertaker: J B Potter — Address: Blaine Wn

V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—*Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.*

Revised Standard Certificate of Death

disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bron-*