

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

108

LOCAL FILE NUMBER		2		STATE FILE NUMBER			
DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1 MAE		E	LAMKIN	FEM	2	3 1-1-1977	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4 White		5a 68		5b MOS.	5c DAYS	6 June 28, 1908	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a Forks		7c yes		7d DDA Forks Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8 Washington		9 USA		10 married		11 Ross Lamkin	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12 534-09-8122		13a housewife		13b			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14a Washington		14b Clallam	14c Forks		14d yes		14e P.O. Box 392
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
15 Albert		-	Smith	16 Loie	-		Merrill
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a Mr. Ross Lamkin				17b P.O. Box 392, Forks, Wn. 98331			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18 IMMEDIATE CAUSE		(a) Cardiac Arrest					
DUE TO, OR AS A CONSEQUENCE OF:		(b)					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c)					
PART II OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a):						AUTOPSY (YES OR NO)	
19a						19b NO	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a		20b		20c M	20d		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e		20f		20g			
CERTIFICATION—PHYSICIAN		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a I ATTENDED THE DECEASED FROM		77	TO	77	21c I AND LAST SAW HIM/HER ALIVE ON		21d (I DID) DID NOT VIEW THE BODY AFTER DEATH.
21b		21b	21b	21b	21c		21d
CERTIFICATION—CORONER ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
22a		22b		22c		22d	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a		23b		23c		23d	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23a		23b		23c		23d	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
24a cremation		24b Mt Angeles Crematory		24c		24d	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d Jan. 5, 1977		24e Ridgeview Funeral Chapel/Box 508/Port Angeles, Wn. 98362					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a Carleton B. Olson		25b Shirley B. Berman, Jr.		25c January 3, 1977			