

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

1 NAME FIRST, MIDDLE, LAST

NORA ALICE PETERS

2 SEX

Female

3 DEATH DATE (MO DAY YR)

3/3/85

146-85 06763

STATE FILE NUMBER

4 RACE (WHITE, BLACK, AM IND
ETC (SPECIFY))

White

5 AGE, LAST BIRTH
DAY (YRS)

83

6 UNDER 1 YEAR
MOS DAYS7 UNDER 1 DAY
HOURS MINS

8 BIRTHDATE (MO DAY YR)

8/27/01

9 COUNTY OF DEATH

Whatcom

10 CITY, TOWN OR LOCATION OF DEATH

Ferndale

11 PLACE OF DEATH: ☒ HOME ☐ IN TRANSPORT ☐ EMERG RM/OUT PTN ☐ HOSP ☐ NUR HOME ☐ OTHER PLACE

2075 Vista,

12 RECEIVED EMERGENCY CARE
AMBULANCE, FIREFTR, PARAMED?

No

YES/NO

13 BIRTH STATE (IF NOT IN
USA GIVE COUNTRY)

Wa.

14. CITIZEN OF WHAT COUNTRY

U.S.A.

15 MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED

Widowed

16 SPOUSE (IF WIFE GIVE MAIDEN NAME)

17 WAS DECEDENT EVER IN
U.S. ARMED FORCES? (YES/NO)

No

18 SOCIAL SECURITY NO

535-26-5552

19 USUAL OCCUPATION (GIVE KIND OF WORK DONE
DURING MOST OF WORKING LIFE EVEN IF RETIRED)

Cook

20 KIND OF BUSINESS OR INDUSTRY

Restaurant

21 RESIDENCE - NUMBER AND STREET

2075 Vista

22 CITY/TOWN OR LOCATION

Ferndale

23 INSIDE CITY LIMITS? (YES/NO)

Yes

24 COUNTY

Whatcom

25 STATE

Wa

26 FATHER - NAME FIRST, MIDDLE, LAST

Rufus Jasper Snow

27 MOTHER MAIDEN NAME FIRST MIDDLE LAST

Lou Visa

Benedict

28 INFORMANT NAME

Victor L. Peters

29 MAILING ADDRESS

2109 E. 11th St., Bremerton, Wa. 98310

30 BURIAL, CREMATION
REMOVAL, OTHER (SPECIFY)

Cremation

31 DATE (MO DAY YR)

3/7/85

32 CEMETERY/CREMATORY - NAME

Jerns-LeVeck Crematorium

33 LOCATION CITY-TOWN-STATE

Bellingham, Wa.

34 FUNERAL DIRECTOR
SIGNATUREX *Douglas LeVeck*

35 NAME OF FACILITY

Jerns-LeVeck Funeral Chapel, Bellingham, Wa.

36 ADDRESS OF FACILITY

37 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND
DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE

X *Eldee L. Schneider M.D.*

38 DATE SIGNED (MO DAY YR)

3/5/85

39 HOUR OF DEATH (24 HRS)

1117

41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT
THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE

X

42 DATE SIGNED (MO DAY YR)

43 HOUR OF DEATH (24 HRS)

40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

44 PRONOUNCED DEAD (MO DAY YR)

45 HOUR PRONOUNCED DEAD
(24 HRS)

46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

ELDEE L. SCHNEIDER, M.D., 1400 E. Kincaid, Mount Vernon, Wa. 98273

47 IMMEDIATE CAUSE
(ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))(A) *Metastatic carcinoma generalized* *no*

DUE TO OR AS A CONSEQUENCE OF

INTERVAL BETWEEN ONSET
AND DEATH(B) *adenocarcinoma colon* *23W.*

DUE TO OR AS A CONSEQUENCE OF

INTERVAL BETWEEN ONSET
AND DEATH

(C)

INTERVAL BETWEEN ONSET
AND DEATH

48 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE

Congestive heart failure

49 AUTOPSY? (YES/NO)

*no*50 WAS CASE REFERRED TO MEDICAL
EXAMINER OR CORONER? (YES/NO)*no*51 ACC. SUICIDE, HOW, UNDET.
OR PENDING INVEST (SPECIFY)

52 INJURY DATE (MO DAY YR)

53 HOUR OF INJURY (24 HRS)

54 DESCRIBE HOW INJURY OCCURED

55 INJURY AT WORK? (YES/NO)

56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY,
OFFICE BLDG ETC (SPECIFY)

57 LOCATION STREET OR RFD NO CITY/TOWN-STATE

58 REGISTRAR
SIGNATURE

X

59 DATE RECEIVED (MO DAY YR)

MAR 11 1985

60. ITEM

DOCUMENTARY EVIDENCE:

REVIEWED BY:

DATE:

ITEM

DOCUMENTARY EVIDENCE:

REVIEWED BY:

DATE: