State Form No. 825—1921. Approved by Dept. of Efficiency.

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 77

Registered No. 7

PLACE OF DEATH

County of Kitsap

City or Town of Pearson

Registration Dist. No. ..... No. ....., (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Paul Taug 200

(a) Residence No. Central Valley, St.; Pearson Wash. (Usual place of abode)

(b) If non-resident, give city or town, and state .....

(c) How long in Registration Dist. ..... yrs. ..... mos. ..... ds.; how long in U. S. if of foreign birth 37 yrs. ..... mos. ..... ds.

Personal and Statistical Particulars

3. Sex: Male

4. Color or Race: White

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

5. (a) If married, widowed or divorced: Husband of Ida Taug or Wife of .....

6. Date of birth: Jan (Month) 25 (Day) 1861 (Year)

7. Age 64 yrs. 2 mos. 20 ds. If less than one day hrs. ..... or min. .....

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

(c) Name of employer .....

9. Birthplace (City or town) ..... (State or Country) Norway

PARENTS

10. Name of Father Frederick Taug

11. Birthplace of Father (City or town) (State or Country) Norway

12. Maiden name of Mother Riginal

13. Birthplace of Mother (City or town) (State or Country) Norway

14. Informant Ingvold Taug

Address Pearson Wash

15. Filed April 15, 1925 Mrs A Hoskins R Registrar.

Medical Certificate of Death

16. Date of Death April (Month) 14 (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1925, to April 14, 1925 that I last saw him alive on April 13, 1925 and that death occurred on the date stated above at 12:30 (State the disease causing death, or, in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.)

The CAUSE OF DEATH was as follows:

129

(Primary) Nephritis

Arterial hypertension

..... (Duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) myocarditis

..... (Duration) ..... yrs. 4 mos. ..... ds.

18. Where was disease contracted if not at the place of death?

(a) Did an operation precede death? No Date of .....

(b) Was there an autopsy? No

(c) What test confirmed diagnosis? urine analysis

(Signed) W D Davis M. D.

April 14 1925 Address Keyport Wash.

19. Place of Burial, Cremation or Removal: Pearson Wash Date of Burial ..... 192..

20. Undertaker: Paulson & Lewis Address April 17-1925

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions ..... (Insert numbers of unanswered questions)

E A Borgen Mgr (Signature of Undertaker)

MAY 5 1925

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.

[Approved by U. S. Census and American Public Health Association.]

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relationship of various pursuits can be ...

... of Death

... only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc.