

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

WASHINGTON STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 21

Registrar's No. 47-8

1. PLACE OF DEATH:

- (a) County San Juan
(b) City or town Orcas
(If outside city or town limits, write RURAL.)
(c) Name of hospital or institution Home
(If not in hospital or institution write street number or location)
(d) Length of stay: in hospital or institution 10 years (Specify whether In this community (Years, months or days) 10 years)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Washington (b) County Whatcom
(c) City or town Bellingham
(If outside city or town limits, write RURAL.)
(d) Street No. 3915 - Ellis
(If rural give location)
(e) If foreign born, how long in U. S. A. 1 years

3. (a) FULL NAME Susie Grace La Plante

3. (c) Social Security Number 533-07-1201

3. (b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? No Name of organization in which such service was rendered: None Rank: None Period of service: None

MEDICAL CERTIFICATION

20. Date of death: Month Oct. day 13 year 1947 hour 7 minute 45 AM

21. I hereby certify that I attended the deceased from 10/13, 1947, to 10/13, 1947 that I last saw her alive on 10/13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebro-vascular accident Duration 30 min.

Due to 83 A

Due to 83 A

Other conditions (Include pregnancy within 3 months of death) 83 A

Major findings: 83 A

Of operations 83 A

Of autopsy 83 A

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence 10/16/1947

(c) Where did injury occur? East main

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

(e) Means of injury While at work?

23. Signature J. Bryant (M. D. or other) Dr. Bryant

Address Orcas, Wash. Date signed 10/14/47

4. Sex female 5. Color or race White 6(a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife James La Plante 6(c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 9, 1889

8. AGE: Years 58 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Kirby Wisconsin

10. Usual occupation Clerk

11. Industry or business Union Printing Co.

12. Name Bear Noble

13. Birthplace Unknown

14. Maiden name Amanda Mc Ginne

15. Birthplace Unknown

16. (a) Informant's own signature Peter B. La Plante

(b) Address Orcas, Wash.

17. (a) Burial (b) Date thereof 10/16/1947

(c) Place: burial or cremation East main

18. (a) Signature of funeral director Harry E. King

(b) Address Fredrick Harbor

19. (a) Oct 16-47 (b) John N. Cowden

(Date received local registrar) (Registrar's signature)