

## WASHINGTON STATE DEPARTMENT OF HEALTH

STATE  
FILE NO.

4400

REG. DIST NO.

## CERTIFICATE OF DEATH

REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY <u>Whatcom</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Washington</u> b. COUNTY <u>Whatcom</u>			
b. CITY, TOWN, OR LOCATION <u>Bellingham</u>				c. LENGTH OF STAY IN 1b			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>St. Luke's Hospital</u>				d. STREET ADDRESS <u>110 Chuckanut Drive</u>			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				e. IS RESIDENCE INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>CODY</u> Last <u>BOAL</u>				4. DATE OF DEATH Month <u>February</u> Day <u>7</u> Year <u>1962</u>			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Mar. 18, 1896</u>	9. AGE (In years last birthday) <u>65</u>	If Under 1 Year Months <u>  </u> Days <u>  </u>	If Under 24 Hrs. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Major</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Air Force</u>		11. BIRTHPLACE (State or foreign country) <u>Slack, Wyoming</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13. FATHER'S NAME <u>Horton S. Boal</u>			
14. MOTHER'S MAIDEN NAME <u>Arta Cody</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>			
16. SOCIAL SECURITY NO. <u>535-10-7855</u>				17. INFORMANT Address <u>110 Chuckanut</u> <u>Mrs. Elva Boal, Bellingham, Wash.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction, bile fistula from cystic duct, and pulmonary abscess.</u> DUE TO (b) <u>  </u> DUE TO (c) <u>  </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>  </u>						INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>  </u> a. m. <u>  </u> Month, Day, Year <u>  </u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION <u>Bellingham Washington</u>			
21. I attended the deceased from <u>12-19-61</u> , to <u>2-7-62</u> and last saw <u>him</u> alive on <u>2-7-62</u> Death occurred at <u>5:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <u>H. L. Bellingham M.D.</u> (Degree or title)			
22b. ADDRESS <u>Bellingham Washington</u>				22c. DATE SIGNED <u>2-16-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Part I) <u>Burial</u>		23b. DATE <u>2-12-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greenacres Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Ferndale, Washington</u>	
24. FUNERAL DIRECTOR <u>JONES FUNERAL HOME, Bellingham, Wash.</u>				25. DATE REC'D BY LOCAL REG. <u>Feb. 12, 1962</u>		26. REGISTRAR'S SIGNATURE <u>  </u>	

MEDICAL CERTIFICATION