DEATH

... the relative healthfulness of ... 0 years or over. If the occu... occupation prior to illness. If ... ldren not gainfully employed ... hat of home housework, write ... n engaged in domestic service ... private family, cook—hotel,

... "worker," "operative," etc. Find ... e," "factory," "mill," etc. State ... mill, etc. ... criptive titles, as civil engineer, ... borer" when a more precise state- ... the exact occupation, as carpen- ... holesale merchants. A person who

... mplication which causes death, not ... name the disease or injury causing ... principal cause and any important ... lated to principal cause, name other

Example II ... of DEATH and related ... order of onset were as

	Date of onset
	1 week ago
	1 week ago
	3 days ago
...ses of importance not re- ...ause:	6 weeks ago

...he causes should be given in the order of ... ither first, second, or third position. The ... se given.

...S BY PHYSICIAN

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No.

Registered No. 295

1. PLACE OF DEATH
County of Whatcom
City or Town of Bellingham — St. Joseph Hospital St., 287 Ward
Registration Dist. No. M-1 No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

03-223-06-W

2. FULL NAME Emmett C. Chichester
(a) Residence: No. R. F. D. #2 St., Ward. Ferndale Wash (Usual place of abode) (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) Forrow
7. AGE Years 57 Months Days If LESS than 1 day, ...hrs, or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dairy farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on farm
10. Date deceased last worked at this occupation (month and year) Aug 1935
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME James Chichester
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Abbie Lampkin
16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT Lucius Chichester
(Address) Ferndale Wash

18. BURIAL, CREMATION, OR REMOVAL Place Enterprise Cemetery Date 10/3 1935

19. UNDERTAKER Geo. Monroe
(Address) Ferndale Wash

20. FILED Oct 1 1935 O. E. Bubek Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1935 to 9/30 1935
I last saw him alive on 9/29 1935, death is said to have occurred on the date stated above, at 7:05 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Encephalitis Acute	9/1/35

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? autopsy Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. S. Hood M. D.
(Address) Ferndale Wash

S. F. No. 825—1933. 1633.