WASHINGTON STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 115
File No. 5506
Registered No. 65

PLACE OF DEATH

County of Whatcom

Town of
or
City of Lynden

(No. .... St. 536 .... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

Full Name Marius Vander Griend

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Apr 24, 1842 (Month) (Day) (Year)
AGE	71 years, 0 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Holland
NAME OF FATHER	D. Vander Griend
BIRTHPLACE OF FATHER (State or country)	Holland
MAIDEN NAME OF MOTHER	Lyntje Van Gilst
BIRTHPLACE OF MOTHER (State or country)	Holland
OCCUPATION	Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Derrck Vander Griend

(Address) Lynden Wash

Filed 6/28 1913 J. T. Shute per M.S. Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1913 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 25 1913, to Apr 13 1913

that I last saw h.... alive on .... 19....

and that death occurred, on the date above, at 10 a m

..........M. The CAUSE OF DEATH was as follows:

Angina Pectoris

(Duration).......... Days

Contributory Organic Heart Disease

(Duration).......... Days

(Signed) H. Wood, M. D

5/10 1913 (Address) Lynden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

Former or Usual Residence ....

How Long at Place of Death? ....

Where was Disease Contracted? ....

PLACE OF BURIAL OR REMOVAL Lynden Wash

DATE OF BURIAL May 1913

UNDERTAKER S. C. Knapp

ADDRESS Lynden Wash

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. The Special Information for persons dying away from home should be given in every instance.

OF DEATH

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

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term

... Carcinoma, Sarcoma, etc., ... "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Broncopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-