

WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION
CERTIFICATE OF DEATH

REG. DIST. NO. *M-1*
REGISTRAR'S NO. *255*

STATE FILE NO. *22936*

1. PLACE OF DEATH a. COUNTY <i>Thurston</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission.) a. STATE <i>Washington</i> b. COUNTY <i>Mason</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <i>Olympia</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR <i>Shelton</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bayview Sanatorium</i>		d. STREET (If rural, give location) ADDRESS	
3. NAME OF DECEASED a. (First) <i>Richard</i> b. (Middle) <i>--</i> c. (Last) <i>Kindred</i>		4. DATE OF DEATH <i>Dec. 23, 1951</i> (Month) (Day) (Year)	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>Dec. 5, 1881</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>logger</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Verndale, Minnesota</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>William Kindred</i>		14. MOTHER'S MAIDEN NAME <i>Katty Kennedy</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>Mrs. Garrie Axness</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Prostate</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) _____ Due to (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <i>7/21/51</i>		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of prostate</i>	
20. AUTOPSY? Yes ☐ No ☒			
21a. ACCIDENT (Specify) <i>SUICIDE</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		21e. INJURY OCCURRED While at ☐ Not while at work ☐	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>May 1949</i> to <i>Dec 5, 1951</i> , that I last saw the deceased alive on <i>12/22/51</i> , 1951, and that death occurred at <i>8:20 AM</i> from the causes and on the date stated above.			
23a. SIGNATURE <i>Gordon E. Jones M.D.</i> (Degree or title)		23b. ADDRESS <i>Olympia</i>	
23c. DATE SIGNED <i>Dec 26, 1951</i>			
24a. BURIAL, CREMATION, OR DISPOSITION (Specify) <i>CREMATION</i>		24b. DATE <i>12/26/51</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Mt. View Crematory</i>		24d. LOCATION (City, town, or county) (State) <i>Tacoma, Washington</i>	
DATE REC'D BY LOCAL REG. <i>12-26-51</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR and MILL ADDRESS <i>A. D. Mills Olympia, Wash.</i>			

Punch

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Query

Number