Deliver This Certificate to Your Local Registrar. Not to the State Board of Health. 162

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Whatcom

City or Town of Blaine

Registration Dist. No. 1 (No. 636 St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under Item 18.]

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

Record No. 28

Registered No.

FULL NAME Mary Ann Bertrand

Personal and Statistical Particulars

3 Sex: Female

4 Color or Race: Indian

5 Single, Married, Widowed, or Divorced (Write the word): married

6 Date of Birth: (Month) (Day) 1 (Year)

7 Age: 76 yrs. mos. ds. If LESS than 1 day, hrs. or min?

8 Occupation (a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business or establishment in which employed (or employer)

9 Birthplace (State or country): Chilliwack B.C.

PARENTS

10 Name of Father: J. Swallace

11 Birthplace of Father (State or country): Chilliwack B.C.

12 Maiden name of Mother

13 Birthplace of Mother (State or country): Chilliwack B.C.

14 The above is true to the best of my knowledge

(Informant) Mrs F. Adams

(Address) Blaine

15 Filed Nov 24, 1918 Maud Shintaffer Registrar

Medical Certificate of Death

16 Date of Death: Nov 23 (Month) (Day), 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1918, to Nov 21, 1918, that I last saw her alive on Nov 21, 1918 and that death occurred, on the date above, at 10 45 m.

The CAUSE OF DEATH* was as follows:

Influenza / Bronchopneumonia

(Duration) yrs. mos. 17 ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M.D.

11-23, 1918 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents)

At Place of death 32 yrs. mos. ds. In the State 52 yrs. mos. ds.

Where was disease contracted, if not at place of death? Former or usual residence: Chilliwack B.C.

19 Place of Burial or Removal: Blaine Cemetery — Date of Burial: Nov 24, 1918

20 Undertaker: H. B. Potter — Address: Blaine

I HEREBY CERTIFY, That I have been unable to secure answers to Questions (Insert numbers of unanswered questions)

(Signature of Undertaker)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Revised Standard Certificate of Death

disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bron-