

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

REG. DIST. NO. D-4
REGISTRAR'S NO. 4

STATE FILE NO. 1456

1. PLACE OF DEATH a. COUNTY <u>Inokomish</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Wash.</u> b. COUNTY <u>Inokomish</u>	
b. CITY (If outside corporate limits, write RURAL or TOWN) <u>Arlington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Arlington (Rural)</u>	
d. FULL NAME OF (If not in hospital or institution, give street address) <u>Arlington Hospital</u>		d. STREET (If rural, give location) ADDRESS <u>R-2</u>	
3. NAME OF DECEASED a. (First) <u>ANNIE</u> b. (Middle) <u>Perich</u> c. (Last) <u>Perich</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20, 1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Sept. 10, 1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife own home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	
13. FATHER'S NAME <u>Andrew Babich</u>		14. MOTHER'S MAIDEN NAME <u>No record</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) <u>Arteriosclerosis generalized</u> 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		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT (Specify) SUICIDE / HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work ☐ Not while at work ☐	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-20-53</u> to <u>1-20-53</u> , that I last saw the deceased alive on <u>1-20-53</u> , and that death occurred at <u>10:45</u> Am., from the causes and on the date stated above.			
23a. SIGNATURE <u>John R. Hahn M.D.</u> (Degree or title)		23b. ADDRESS <u>520 Olympic Arlington Wash</u>	
23c. DATE SIGNED <u>1-23-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/23/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Vernon</u>	24d. LOCATION (City, town, or county) (State) <u>Mt. Vernon Skagit Wash.</u>
DATE REC'D BY LOCAL REG. <u>1-23-53</u>	REGISTRAR'S SIGNATURE <u>W. N. Fowler</u>	25. FUNERAL DIRECTOR ADDRESS <u>Moll Funeral Home Arlington</u>	

FEB 11 1953