S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency. 4832.

PLACE OF DEATH

Washington State Board of Health

Record No. 36

County of Whatcom

BUREAU OF VITAL STATISTICS

Registered No. 38

City or Town of Belliingham

CERTIFICATE OF DEATH

Registration Dist. No. M-1. No. St. Joseph Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Elias Hoskin 250

(a) Residence No. 1206 Bancroft St.;
(Usual place of abode)

(b) If non-resident, give city or town, and state Resident

(c) How long in Registration Dist. 3 yrs. mos. ds.; how long in U. S. if of foreign birth Not Of Foreign Birth yrs. mos. ds.

Personal and Statistical Particulars

3. Sex: M,
4. Color or Race: Indian
5. Single, Married, Widowed or Divorced (Write the word): Married

5. (a) If married, widowed or divorced:
Husband of Magdeline Hoskin
or
Wife of

6. Date of birth: Jan (Month) 12 (Day) 1865 (Year)

7. Age: 63 yrs. 0 mos. 27 ds. If less than one day hrs. or min.

8. Occupation of deceased:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None

9. Birthplace (City or town) Seattle
(State or country) Wash

PARENTS

10. Name of Father Elias Hoskin
11. Birthplace of Father (City or town) (State or Country) Port Blakely Wn.
12. Maiden name of Mother Unobtainable
13. Birthplace of Mother (City or town) (State or Country) Do.

14. Informant ~~Alexander Hoskin~~ Arthur C. Harlow
Address Bellingham Wn.

15. Filed Feby 11, 1928 I. W. Powell R. Registrar.

Medical Certificate of Death

16. Date of death Feb 8th, 1928
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1928, to Feb. 9, 1928 that I last saw him alive on Feb 9, 1928 and that death occurred on the date stated above, at 9:40 P.M.
(State the disease causing death, or in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL)

The CAUSE OF DEATH was as follows:

(Primary) Hemorrhage from Stomach

✓ (Duration) ✓ yrs. ✓ mos. 6 ds.

CONTRIBUTORY (Secondary) Heart Disease

✓ (Duration) X yrs. ✓ mos. ✓ ds.

18. Where was disease contracted If not at the place of death? ✓

(a) Did an operation precede death? No Date of

(b) Was there an autopsy? no

(c) What test confirmed diagnosis? Clinical

(Signed) Lyle A. Greenwood M. D.

2/9/28, 192 Address Bellingham Wn

19. Place of Burial, Cremation or Removal: Lummi Cemetery
Date of Burial: 2/13/28, 192

20. Undertaker: Arthur C. Harlow
Address: Bellingham Wn

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions
(Insert numbers of unanswered questions)

Arthur C. Harlow
(Signature of Undertaker)

REVISED STANDARD CERTIFICATE 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 on the first line will 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*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of . . . (name origin; "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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.