

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NUMBER **19807**

LOCAL FILE NUMBER

323

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1		RALEIGH MALCOMB COX			2 Male	3 September 29, 1979	
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE - LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4 White		5a 84	5b	5c	6 2-27-1895		7a Chelan
CITY, TOWN OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b Wenatchee			7c yes		7d Central Washington Hospital		
STATE OF BIRTH (IF NOT IN U.S., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8 Iowa		9 USA		10 Widowed		11	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
12 532-07-0748		13a Salesman			13b Supplies		
RESIDENCE - STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14 Washington		14b Chelan	14c Wenatchee		14d yes		14e 500 N. Emerson St.
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		
15		Henry Thomas Cox			16 Katherine Cretcher		
INFORMANT - NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a Mrs. Allen Stookey				17b PO Box 68, Port Ludlow, Wa. 98365			
PART I. DEATH WAS CAUSED BY [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 IMMEDIATE CAUSE							Hours
(a) Sepsis							Weeks
DUE TO, OR AS A CONSEQUENCE OF							Years
(b) Probable acute leukemia							
DUE TO, OR AS A CONSEQUENCE OF							
(c) Idiopathic sideroblastic anemia							
PART II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							AUTOPSY (YES OR NO)
							19a no
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH							19b
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a		20b		20c M	20d		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e		20f		20g			
CERTIFICATION - PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
I ATTENDED THE		9	24	79	TO		9 29 79
21a DECEASED FROM		21b		21c		21d	
						21e	
CERTIFICATION - CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				HOUR OF DEATH		DEATH OCCURRED (HOUR)	
22a				M.		22b	
CERTIFIER - NAME (TYPE OR PRINT)				SIGNATURE		DEGREE OR TITLE	
23a Douglas E. Leeland, M.D.				23b		23c	
MAILING ADDRESS				CITY OR TOWN		STATE	
23d Wenatchee Valley Clinic, PO Box 489, Wenatchee, Wa. 98801						ZIP	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION		CITY OR TOWN	
24a Burial		24b Wenatchee Cemetery		24c		24d Wenatchee, Washington	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME - NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP			
24d 10-2-1979		25a Jones & Jones, Inc., PO Box 2307, Wenatchee, Wa. 98801					
FUNERAL DIRECTOR - SIGNATURE		REGISTRAR - SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25b		26a		26b			

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

CAUSE

OCT 10 1979

CERTIFIER

BURIAL