WASHINGTON STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

STATE FILE NO. 11652

REG. DIST NO. 2-1

CERTIFICATE OF DEATH

REGISTRAR'S NO. 80

1. PLACE OF DEATH

a. COUNTY: Whatcom

b. CITY, TOWN, OR LOCATION: Bellingham

c. LENGTH OF STAY IN 1b: 2 days

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): What. Co. Hospital

e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE: Wash. b. COUNTY: Whatcom

c. CITY, TOWN, OR LOCATION: Everson

d. STREET ADDRESS: Route 1

e. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☒

f. IS RESIDENCE ON A FARM? Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ALICE Middle Last GLASS

4. DATE OF DEATH: Month May Day 18 Year 1963

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 5-19-~~0~~ 71

9. AGE (In years last birthday): 91

If Under 1 Year: Months / Days

If Under 24 Hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Holland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert VanderYacht

14. MOTHER'S MAIDEN NAME: Barabara Bleecher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Henry Glass, Lynden, Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): acute staphylococcal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

Conditions, if any, which give rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): shock & Kidney Shutdown - several hours

19. WAS AUTOPSY PERFORMED? Yes ☐ No ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year: JUN 5 1963

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/1/60 to 5/17/63 and last saw her alive on 5/17/63

Death occurred at 12:05 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenneth A Brady M.D.

22b. ADDRESS: Everson, Wash.

22c. DATE SIGNED: 5/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-20-63

23c. NAME OF CEMETERY OR CREMATORY: Monumenta Cemetery

23d. LOCATION (City, town, or county) (State): Lynden, Wash.

24. FUNERAL DIRECTOR ADDRESS: Gillies Funeral Home, Lynden, Wn.

25. DATE REC'D BY LOCAL REG.: 5-24-1963

26. REGISTRAR'S SIGNATURE: Emmett Goodall

S. F. No. 7784—7-61—75M. 60011.