WASHINGTON STATE DEPARTMENT OF HEALTH

STATE FILE NO. 22900

REG. DIST NO. D-2c

CERTIFICATE OF DEATH

REGISTRAR'S NO. 139

1. PLACE OF DEATH
a. COUNTY: Yakima
b. CITY, TOWN, OR LOCATION: Toppenish
c. LENGTH OF STAY IN 1b: 59 years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Central Memorial Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Washington
b. COUNTY: Yakima
c. CITY, TOWN, OR LOCATION: Toppenish
d. STREET ADDRESS: 213 South Alder
e. IS RESIDENCE INSIDE CITY LIMITS? Yes [X] No [ ]
f. IS RESIDENCE ON A FARM? Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ANNIE Middle: MARGARET Last: GUNNYON

4. DATE OF DEATH: November 29, 1957 (Month, Day, Year)

5. SEX: Female

6. COLOR OR RACE: ¼ Indian White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: June 24, 1876

9. AGE (In years last birthday): 81-5-5

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Olympia, Washington

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Adam Korter

14. MOTHER'S MAIDEN NAME: Harriet Augar

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: Ed Gunnyon Address: 260 Toppenish, Washington

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): Cerebr vascular accid
Conditions, if any, which give rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio sclerosis generalized
DUE TO (c): Chronic diabetes
INTERVAL BETWEEN ONSET AND DEATH: 4-6 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

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): DEC 16 1957

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 1946, to 1957 and last saw her/him alive on NOV 29, 1957
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L J Menow MD

22b. ADDRESS: Box 272 Toppenish

22c. DATE SIGNED: 12-4-57

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

23b. DATE: 12-3-57

23c. NAME OF CEMETERY OR CREMATORY: Zillah Cemetery

23d. LOCATION (City, town, or county) (State): Zillah Washington

24. FUNERAL DIRECTOR ADDRESS: Hopkins Mortuary Toppenish, Wn.

25. DATE REC'D BY LOCAL REG.: 12/4/57

26. REGISTRAR'S SIGNATURE: Reed O Samuel

S. F. No. 7784—11-56—150M. 46986.