DEATH

the relative healthfulness of
rs or over. If the occupation
rior to illness. If the deceased
employed may be returned as
rite housework in answer to
ce for wages, however, desig-
etc. For a person who had no

er," "operative," etc. Find out

factory," "mill," etc. State the

s, as civil engineer, mechanical
recise statement of the occupa-
rpenter, painter, machinist, etc.
sells goods should be called a

on which causes death, not the
ase or injury causing death. As
y important complication of the
name other important diseases

mple II

| eath and related er of onset were | Date of onset |
|---|---|
| | 1 week ago |
| | 1 week ago |
| | 3 days ago |
| | |
| portance not related | |
| | 6 weeks ago |

should be given in the order
, second, or third position. Th

YSICIAN

PLACE OF DEATH

County of Thurston

City or Town of Olympia

Registration Dist. No. M1

# WASHINGTON STATE DEPARTMENT of HEALTH

## DIVISION OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Record No. 38

Registered No. 40

No. 2012 No Bethel St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. days.

How long in U. S., if of foreign birth? yrs. mos. days.

PLACE OF RESIDENCE: State Washington County Thurston

(If not same as place of death)

City or Town Olympia No. 2012 No Bethel Street

FULL NAME Robert W. Elwood

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie May Elwood

DATE OF BIRTH (month, day, and year) July 16, 1871

| AGE Years | Months | Days | If LESS than 1 day, |
|---|---|---|---|
| 67 | 1 | 23 | hrs. or mins. |

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. Cut Transfer Man

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town and State or country): Leesburg, Ohio

13. NAME of father Elisha Elwood

14. BIRTHPLACE (city or town and State or country): No Record

15. MAIDEN NAME of mother: Charlotte Stisky

16. BIRTHPLACE (city or town and State or country) No Record

INFORMANT (name and address): Alden M. Iverson Olympia

BURIAL, CREMATION, OR REMOVAL: Place Ellensburg Wn Date 3/10, 1938

UNDERTAKER (name and address): Jarvis & Jarvis Olympia

FILED 3-10-38, 193 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 9 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1938, to 3-9, 1938

I last saw h. alive on 3-2 1938; death is said to have occurred on the date stated above, at 3:00 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Myocardial failure | |
| Arteriosclerosis | |
| Nephritis chr. | |
| Uraemia | |

Other contributory causes of importance:

| | |
|---|---|
| Prostatitis chr. | |
| Cystitis chr. | |

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of Injury, 193

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in Industry, in home, or in public place:

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Laurence M. Wilson

(Address) Olympia Wn.