

## WASHINGTON STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

STATE  
FILE NO.

24157

REG. DIST NO.

## CERTIFICATE OF DEATH

REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY <u>Whatcom</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Washington</u> b. COUNTY <u>Whatcom</u>	
b. CITY, TOWN, OR LOCATION <u>Bellingham, Wash.</u>		c. CITY, TOWN, OR LOCATION <u>Bellingham, Wash.</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>2430 Elm Street</u>		d. STREET ADDRESS <u>2430 Elm Street</u>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> f. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lucy</u> Middle <u>Mary</u> Last <u>Willett</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>31.</u> Year <u>1967</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 31, 1873</u>
9. AGE (In years last birthday) <u>94 yrs.</u>		10. If Under 1 Year Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>  </u>	
11. BIRTHPLACE (State or foreign country) <u>Fall River, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas Franshier</u>		14. MOTHER'S MAIDEN NAME <u>Mary La Mar</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>  </u>		16. SOCIAL SECURITY NO. <u>537-03-8715</u>	
17. INFORMANT <u>Mr. Adrian Willett, 1521 E. Victor St.,</u>		Address <u>Bellingham, Wn.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>metastatic carcinoma</u> Conditions, if any, which give rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of the vid</u> DUE TO (c) <u>  </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>  </u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs?</u> <u>3 1/2 - 4 yrs</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>  </u>	
20c. TIME OF INJURY Hour <u>  </u> a. m. <u>  </u> p. m. <u>  </u> Month, Day, Year <u>  </u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>  </u>		20f. CITY, TOWN, OR LOCATION <u>  </u> COUNTY <u>  </u> STATE <u>  </u>	
21. I attended the deceased from <u>9-1-59</u> to <u>10-31-67</u> and last saw her alive on <u>10-17-67</u> . Death occurred at <u>3:30</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Milton E. Altman M.D.</u>		22b. ADDRESS <u>Bellingham</u>	
22c. DATE SIGNED <u>11-2-67</u>		22d. CITY, TOWN, OR LOCATION <u>  </u> COUNTY <u>  </u> STATE <u>  </u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 3, 1967</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Saxon Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Saxon, Wash.</u>	
24. FUNERAL DIRECTOR <u>Bingham &amp; Jerns, 210 Prospect St.</u>		25. DATE REC'D BY LOCAL AGEN. <u>NOV 6 1967</u>	
26. REGISTRAR'S SIGNATURE <u>  </u>		27. REGISTRAR'S SIGNATURE <u>  </u>	

MEDICAL CERTIFICATION

NOV 8 1967