

VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

1 NAME FIRST, MIDDLE, LAST ELVA IRENE BOAL		2 SEX FEMALE	3 DEATH DATE (MO DAY YR) MARCH 22, 1985	146-85 06797 STATE FILE NUMBER	
4 RACE (WHITE, BLACK, AM IND, ETC. (SPECIFY)) white	5 AGE, LAST BIRTH- DAY (YRS) 88	6 UNDER 1 YEAR MOS DAYS	7 UNDER 1 DAY HOURS MINS	8 BIRTHDATE (MO DAY YR) DEC. 20, 1896	9 COUNTY OF DEATH Whatcom
10 CITY, TOWN OR LOCATION OF DEATH BELLINGHAM		11 PLACE OF DEATH <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input type="checkbox"/> HOME <input type="checkbox"/> INTRANSPORT <input type="checkbox"/> EMERG RM OUT PIN 4 <input type="checkbox"/> HOSP <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE ST. JOSEPH HOSPITAL		12 RECEIVED EMERGENCY CARE AMBULANCE FIRETR PARAMED? no YES/NO	
13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY) NEBRASKA	14 CITIZEN OF WHAT COUNTRY USA	15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		16 SPOUSE (IF WIFE GIVE MAIDEN NAME) William Cody Boal	17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) no
18 SOCIAL SECURITY NO. 535-10-7855		19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) Homemaker		20 KIND OF BUSINESS OR INDUSTRY Family home	
21 RESIDENCE NUMBER AND STREET 2010 Huron Street		22 CITY/TOWN OR LOCATION Bellingham	23 INSIDE CITY LIMITS? (YES/NO) yes	24 COUNTY Whatcom	25 STATE Washington
26 FATHER NAME FIRST, MIDDLE, LAST JOHN HENRY DAY		27 MOTHER MAIDEN NAME FIRST, MIDDLE, LAST JENNIE FRANCES MOCK			
28 INFORMANT NAME Horton J. Boal		29 MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP 2010 Huron Street, Bellingham, Washington 98226			
30 BURIAL, CREMATION REMOVAL, OTHER (SPECIFY) Burial		31 DATE (MO DAY YR) 3/27/85	32 CEMETERY/CREMATORY NAME Greenacres Memorial Park		33 LOCATION CITY/TOWN, STATE Ferndale, Washington
34 FUNERAL DIRECTOR SIGNATURE X Paul V Spinelli		35 NAME OF FACILITY JONES FUNERAL HOME		36 ADDRESS OF FACILITY 322 East Holly Street Bellingham, WA 98225	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN			TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER		
37 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X D. Dean Nelson MD			41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X		
38 DATE SIGNED (MO DAY YR) 3/25/85			39 HOUR OF DEATH (24 HRS) 2103	43 HOUR OF DEATH (24 HRS)	
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			44 PRONOUNCED DEAD (MO DAY YR)		45 HOUR PRONOUNCED DEAD (24 HRS)
46 NAME AND ADDRESS OF CERTIFIER: PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) D. DEAN NELSON MD 3149 Ellis Street, Bellingham, Washington 98225					
47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))					
(A) Acute Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
(B) A.S.H.D. DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH many yrs	
(C)				INTERVAL BETWEEN ONSET AND DEATH	
48 OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE Diabetes Mellitus					
49 AUTOPSY? (YES/NO) No					
50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) No					
51 ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST (SPECIFY)		52 INJURY DATE (MO DAY YR)	53 HOUR OF INJURY (24 HRS)	54 DESCRIBE HOW INJURY OCCURRED	
55 INJURY AT WORK? (YES/NO)		56 PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY)		57 LOCATION STREET OR RFD NO, CITY/TOWN, STATE	
58 REGISTRAR SIGNATURE X Thelma X Jones m d					
59 DATE RECEIVED (MO DAY YR) MAR 26 1985					
FOR STATE REGISTRAR USE ONLY		60. ITEM DOCUMENTARY EVIDENCE	REVIEWED BY DATE	ITEM DOCUMENTARY EVIDENCE	REVIEWED BY DATE

IF DEATH OCCURRED IN INSTITUTION SEE
HANDBOOK REGARDING COMPLETION OF
RESIDENCE ITEM 5.

DECEASED

FAMILY

FAMILY

CERTIFIER

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO
IMMEDIATE CAUSE STATING UNDERLYING
CAUSE LAST.