

Washington State Board of Health

84

Record No.

BUREAU OF VITAL STATISTICS

Registered No. 100

CERTIFICATE OF DEATH

PLACE OF DEATH

County of WHATCOM

City or Town of BELLINGHAM

Registration Dist. No.

No. *St. Joseph Hospital*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME *Lucy A. Bertrand*

(a) Residence No. St.;

(Usual place of abode)

(b) If non-resident, give city or town, and state

(c) How long in Registration Dist. yrs. mos. ds.; how long in U. S. if of foreign birth yrs. mos. ds.

Personal and Statistical Particulars

3. Sex *F* 4. Color or Race *W* 5. Single, Married, Widowed or Divorced (Write the word) *Married*

5. (a.) If married, widowed, or divorced:

Husband of

or

Wife of

6. Date of birth *Dec 5 1867*
(Month) (Day) (Year)

7. Age *52* yrs. *3* mos. *16* ds. hrs. or min. If less than one day

8. Occupation of deceased:
(a) Trade, profession, or particular kind of work *Farmer*
(b) General nature of industry, business, or establishment in which employed (or employer) *none*

(c) Name of employer

9. Birthplace (City or town) *Lower Merion*
(State or country) *P. C.*

10. Name of Father *Ben Shord*

11. Birthplace of Father (City or town) *England*
(State or country) *Not known*

12. Maiden name of Mother

13. Birthplace of Mother (City or town) *W. C.*
(State or country)

14. Informant *Chas. Bertrand*
Address: *Bellingham*

15. Filed *3/23 1920* W. W. BALLAINE Registrar

Medical Certificate of Death

16. Date of death *3 21 1920*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *3/10 1920* to *3-21 1920*, that I last saw h alive on *3-19 1920*

and that death occurred on the date stated above, at *10* m. (State the disease causing death, or, in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL).

The CAUSE OF DEATH was as follows: *Septic Infection of Gall bladder extending to Liver causing Hepatitis*
30 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) *Operation* (Duration) yrs. mos. ds.

18. Where was disease contracted? if not at the place of death?

(a) Did an operation precede death? *Y* Date of

(b) Was there an autopsy?

(c) What test confirmed diagnosis?

(Signed) *W. W. Maunter* M. D.

3/21 1920 Address: *Bellingham*

19. Place of Burial, Cremation or Removal *Lynden* Date of Burial *3/23 1920*

20. Undertaker *Lynden* Address

721 Maple

I HEREBY CERTIFY, That I have made the effort but was unable to secure answers to questions (Insert numbers of unanswered questions)

(Signature of Undertaker)

DEATH CERTIFICATES. Please permit us, moreover, to suggest that these are legal regulations and not vagaries of personal idiosyncrasies. (1) Name first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation). The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death) - 23 ds; Bronchopneumonia (secondary) - 10 ds. (2) For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL. (3) For violent deaths state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL. (4) For deaths from disease state CAUSE OF DEATH and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL. (5) For deaths from disease state CAUSE OF DEATH and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL. (6) For deaths from disease state CAUSE OF DEATH and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL. 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