WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

REG. DIST. NO. D-3
REGISTRAR'S NO. 45
STATE FILE NO. 11728

1. PLACE OF DEATH
a. COUNTY: Whatcom
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lynden
c. LENGTH OF STAY (In this place): 52 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1118 Front St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Wash
b. COUNTY: Whatcom
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lynden
d. STREET (If rural, give location) ADDRESS: 1118 Front St

3. NAME OF DECEASED (Type or print): a. (First) Julia b. (Middle) c. (Last) Vander Griend

4. DATE OF DEATH: (Month) (Day) (Year) June 8, 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: April 12 1877

9. AGE (In years last birthday): 76
If Under 1 Yr. 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): Osage Kansas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ernest Zweegman

14. MOTHER'S MAIDEN NAME: Teuntje Van Mersbergen 4201

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: Mrs. Kryn Polinder

18. CAUSE OF DEATH
Enter only one cause per line for (a) (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b)
Due to (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT (Specify) SUICIDE HOMICIDE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/9, 1950, to 6/8, 1953, *that I last saw the deceased alive on* 7/8, 1952, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: P E Rowe (Degree or title) MD

23b. ADDRESS: Lynden Wn

23c. DATE SIGNED: 6/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/10/53

24c. NAME OF CEMETERY OR CREMATORY: Monumenta Cemetery

24d. LOCATION (City, town, or county) (State): Lynden Wash

DATE REC'D BY LOCAL REG.: June 10 1953

REGISTRAR'S SIGNATURE: Jennie Lynn Weidkamp

25. FUNERAL DIRECTOR: Leslie A Ellis ADDRESS: Lynden Wash

JUN - 8 1953

Punch Micro Query Number