

WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION
CERTIFICATE OF DEATH

REG. DIST. NO. *M-1*
REGISTRAR'S NO. *146*

STATE FILE NO. *7605*

1. PLACE OF DEATH a. COUNTY <i>Whatcom</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Washington</i> b. COUNTY <i>Whatcom</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bellingham</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bellingham</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1819 "F" St.</i>		d. STREET (If rural, give location) ADDRESS <i>1819 "F" St.</i>	

3. NAME OF a. (First) DECEASED (Type or print) <i>Kate</i>		b. (Middle)		c. (Last) <i>Rauch</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 12, 1950</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Jan. 6, 1882</i>		9. AGE (In years last birthday) <i>78</i>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
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13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>		17. INFORMANT <i>Sophie Fouts</i>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY <i>None</i> NO.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Progressive Cardiac decompensation</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) <i>Arteriosclerotic heart disease</i> Due to (c) <i>Adenoma of thyroid</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
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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 (Month) (Day) (Year) (Hour) OF INJURY	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 *Oct. 7, 1947*, to *Apr. 12, 1950*, that I last saw the deceased alive on *Apr. 11, 1950*, and that death occurred at *2:30 p.m.* from the causes and on the date stated above.

23a. SIGNATURE <i>Steldon C. Boyer</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Bellingham, Wash.</i>	23c. DATE SIGNED <i>Apr. 13, 1950</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4/14/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Bay View Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Bellingham, Wash.</i>
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DATE REC'D BY LOCAL REG. <i>APR 13 1950</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR <i>Westford-Beck, Bellingham, Wash.</i>	ADDRESS <i>21 1950</i>
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