PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Whatcom.

City or Town of Park Township

Registration Dist. No. R-3. No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Record No. 225

Registered No. 41

2. FULL NAME Burrell R. Willett 430

(a) Residence No. St.; (Usual place of abode)

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

(c) How long in Registration Dist. yrs. 5 mos. ds.; how long in U. S. if of foreign birth yrs. mos. ds.

Personal and Statistical Particulars

3. Sex: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (Write the word): Married

5. (a) If married, widowed, or divorced: Husband of (or Wife of) Nora Willett.

6. Date of birth: April (Month) 8th. (Day) 1894 (Year)

7. Age: 26 yrs. 7 mos. 29 ds. If less than one day hrs. or min.

8. Occupation of deceased:
(a) Trade, profession, or particular kind of work: Logger
(b) General nature of industry, business, or establishment in which employed (or employer): Logging
(c) Name of employer: Wood- Knight Lg. Co.

9. Birthplace (City or town) Bellingham. (State or country) Wash.

PARENTS

10. Name of Father: Hiram Willett
11. Birthplace of Father (City or town) (State or Country): New York.
12. Maiden name of Mother: Lucy Fancier.
13. Birthplace of Mother (City or town) (State or Country): Fall River. Kansas.

14. Informant: Hiram Willett
Address: Wickersham wash.

15. Filed 12-10 1920 Florence Knight Registrar.

Medical Certificate of Death

16. Date of death: Dec. (Month) 8th (Day) 1920. (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 192 , to , 192 , that I last saw h alive on , 192 , and that death occurred on the date stated above, at 1:20 P.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:

READ DETAILS ON OTHER SIDE

169

(Primary) (See 1 and 3 other side) Accidentally drowned [illegible]

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (See 2 other side)

(Duration) yrs. mos. ds.

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

(a) Did an operation precede death? No Date of

(b) Was there an autopsy? No

(c) What test confirmed diagnosis?

(Signed) [illegible] M. D.

Dec. 10, 1920 Address [illegible]

19. Place of Burial, Cremation or Removal: Saxon Cemetery.
Date of Burial: Dec. 12th 1920.

20. Undertaker: Harry O. Bingham
Address: Bellingham Wash.

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions 11. (Insert numbers of unanswered questions)

Harry O. Bingham (Signature of Undertaker)

JAN 4 1921

STATEMENT OF CAUSE OF DEATH

The attention of all persons authorized by law to sign death certificates is courteously directed to the following synopsis regarding said DEATH CERTIFICATES:

Moreover, please permit us to say that these are the laws of the State of Washington, and not the vagaries or personal idiosyncrasies of the State Commissioner of Health. The law makes it incumbent upon the State Board of Health to secure this information and provides a penalty for our failure to do so; it also makes it obligatory upon you to furnish, without delay, accurate and complete answers to all relevant questions and prescribes a penalty for your not complying with the law.

(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)—29 ds; Bronchopneumonia (secondary)—10 ds.

(2) For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, ... homicide; poisoned by carbolic acid—probably suicide. ... stated under the head ... if impossible to determine definitely.