DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
M-1

WASHINGTON STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 212
Registrar's No.

1. PLACE OF DEATH:
(a) County Whatcom
(b) City or town Bellingham
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
3005 Meridian St
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution *****
(Specify whether)
In this community (Years, months or days) 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Washington (b) County Whatcom
(c) City or town Bellingham
(If outside city or town limits, write RURAL)
(d) Street No. 3005 Meridian Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3. (c) Social Security Number No.

3. (a) FULL NAME Ralph S Gilmour

3. (b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? NO Name of organization in which such service was rendered:
Rank Period of service.

| 4. Sex Male | 5. Color or race White | 6(a) Single, widowed, married, divorced Widowed |

6. (b) Name of husband or wife Louisa J.
6(c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased June 26 1865
(Month) (Day) (Year)

8. AGE:
Years	Months	Days	If less than one day
75	0	5	hr. min.

9. Birthplace Kenmont (City, town or county) Ontario (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business General Farming

Father
12. Name John G. Gilmour
13. Birthplace *** Ontario
(City, town, or county) (State or foreign country)

Mother
14. Maiden name Catherine Craig
15. Birthplace **** Can
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Myrtle A. Gilmour
(b) Address Bellingham, Wash

17. (a) Burial (b) Date thereof Jul 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery
Harlow-Hollingsforth, Inc.

18. (a) Signature of funeral director Louis J Jones
(b) Address Bellingham, Wash

19. (a) JUL 3 1940 (b) R. W. Kilo m.d.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month July day 1st
year 1940 hour minute

21. I hereby certify that I attended the deceased from Nov 27, 1939, to July 1st, 1940
that I last saw him alive on July 1st, 1940
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cardiac Dilatation

Due to

Due to 4344

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Physician

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (e) Means of injury

23. Signature T M Dawson (M. D. or other)
Address Bellingham, Wash Date signed 7/1/40