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

REG. DIST. NO. R 4
REGISTRAR'S NO. 7
STATE FILE NO. 13089

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): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 2

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: Route 2

3. NAME OF DECEASED (Type or print): a. (First) Otto; b. (Middle); c. (Last) De Vries

4. DATE OF DEATH (Month) (Day) (Year): July 7 1950

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	W	Married	Nov. 15 1875	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Netherlands	U.S.

13. FATHER'S NAME: Jan De Vries

14. MOTHER'S MAIDEN NAME: R. Visser 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. Harry Sterk

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 occlusion

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.

INTERVAL BETWEEN ONSET AND 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* 6/1 '46 *to* 7/7 '50, *that I last saw the deceased alive on* 7/5 '50, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE P E Rouse **(Degree or title)** MD **23b. ADDRESS** Lynden Wn **23c. DATE SIGNED** 7/10/50

24a. BURIAL, CREMATION, REMOVAL Removal **24b. DATE** 7/10/50 **24c. NAME OF CEMETERY OR CREMATORY** Prinsburg Cemetery **24d. LOCATION (City, town, or county) (State)** Prinsburg Minn.

DATE REC'D BY LOCAL REG. 7-10-50 **REGISTRAR'S SIGNATURE** Jennie Lyn Weidkamp **25. FUNERAL DIRECTOR** Leslie Gillies **ADDRESS** Lynden, Wash

AUG 7 1950