WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

REG. DIST. NO. M-1
REGISTRAR'S NO. 232
STATE FILE NO. 20968

Punch Micro Query Number

1. PLACE OF DEATH
a. COUNTY: Thurston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Olympia
c. LENGTH OF STAY (In this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Resthaven Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington
b. COUNTY: Thurston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tumwater
d. STREET ADDRESS (If rural, give location): 111 Deschutes Way

3. NAME OF DECEASED (Type or print): a. (First) Garrie b. (Middle) Morton c. (Last) Hodge

4. DATE OF DEATH (Month) (Day) (Year): Nov. 24, 1951

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept. 14, 1876
9. AGE (In years last birthday): 74
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): brewery worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gallipolis, Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Hodge
14. MOTHER'S MAIDEN NAME: Jennie Guy

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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): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Garrie Axness

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) CARCINOMA, RECTUM — 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: 1948 ?
19b. MAJOR FINDINGS OF OPERATION: CARCINOMA, RECTUM
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 White at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1951, *to* Nov, 19 57, *that I last saw the deceased alive on* 14 Nov, 19 57, *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] D.
23b. ADDRESS: Olympia, Wash
23c. DATE SIGNED: 26 Nov 51

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: 11/28/51
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Crematory
24d. LOCATION (City, town, or county) (State): Tacoma, Washington

DATE REC'D BY LOCAL REG.: 11-26-51
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR AND ADDRESS: Mills and Mills A. D. Mills Olympia, Wash.

NOV 30 1951