S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency. 25657.

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of LEWIS

City or Town of CENTRALIA

Record No. 78

Registered No. 474

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

2. FULL NAME LOUISE CAROLINE NORMAN 655

(a) Residence No. 912 ALDER St.; (Usual place of abode)

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

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

Personal and Statistical Particulars

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (Write the word)
FEMALE	WHITE	MARRIED

5. (a) If married, widowed or divorced:

Husband of or Wife of H. B. NORMAN

6. Date of birth: DECEMBER (Month) | 6 (Day) | 1845 (Year)

7. Age: 80 yrs. | 3 mos. | 21 ds. | If less than one day: hrs. ..... or min. .....

8. Occupation of deceased:
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. Birthplace (City or town) .....
(State or country) WEST VIRGINIA

PARENTS

10. Name of Father JOHNANTHAN CORNELL
11. Birthplace of Father (City or town) ..... (State or Country) VA
12. Maiden name of Mother NANCY ROGER
13. Birthplace of Mother (City or town) ..... (State or Country) W VA.

11. Informant MR. H. B. NORMAN
Address CENTRALIA, WASH.,

15. Filed Mar 27, 1926 F. J. Hackney Registrar.

Medical Certificate of Death

16. Date of death MARCH 27, 1926 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1926, to Mar 27, 1926 that I last saw her alive on Mar 23, 1926 and that death occurred on the date stated above, at 3 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:

(Primary) Senility 164

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(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) F. J. Hackney M. D.
3-27, 1926 Address Centralia

19. Place of Burial, Cremation or Removal: SHOESTRING VALLEY | Date of Burial: MAR. 29, 1926

20. Undertaker EDWARD NEWELL | Address CENTRALIA, WASH.,

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

APR 7 1926

(Signature of Undertaker)

Exact statement of OCCUPATION is very important.