E OF DEATH

so that the relative healthfulness of
n aged 10 years or over. If the occu-
ort the occupation prior to illness. If
ent. Children not gainfully employed
was that of home house work, write
a person engaged in domestic service
keeper—private family, cook—hotel,

ee," "worker," "operative," etc. Find

"store," "factory," "mill," etc. State
otton mill, etc.
scriptive titles, as civil engineer, me-
borer" when a more precise statement
ve the exact occupation, as carpenter,
lesale merchants. A person who sells

r complication which causes death, not
se name the disease or injury causing
he principal cause and any important
related to principal cause, name other

Example II

USE OF DEATH and related e in order of onset were as	Date of onset
	1 week ago
ear	1 week ago
	3 days ago
USES of importance not re- ause:	
	6 weeks ago

e causes should be given in the order of
ther first, second, or third position. The
given.

BY PHYSICIAN

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

Washington State Board of Health

Record No. 5837

County of Whatcom

BUREAU OF VITAL STATISTICS

Registered No. 316

City or Town of Bellingham

CERTIFICATE OF DEATH

Registration Dist. No. M-1 No. 3125 Peabody St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 4 mos. 1 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Etta Lulla Simonson 552

(a) Residence: No. ____ St., ____ Ward. Sunnyside Wash

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male — 4. COLOR OR RACE: White — 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James A Simonsen

6. DATE OF BIRTH (month, day, and year): Aug 8-1881

7. AGE: Years 50 — Months 3 — Days 5 — If LESS than 1 day, hrs. ____ or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home

10. Date deceased last worked at this occupation (month and year): July 1931

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER

13. NAME: Charles E. Green

14. BIRTHPLACE (city or town) (State or country): New York N.Y

MOTHER

15. MAIDEN NAME: Carmentine Golen

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): J. A. Simonson Sunnyside Wash

18. BURIAL, CREMATION, OR REMOVAL: Place Yakima Wash Date Nov 13, 1931

19. UNDERTAKER (Address): Homer Mark

20. FILED Nov 14, 1931 J. W. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1880 1931 to Nov 13, 1931

I last saw her alive on Sept 30, 1931, death is said to have occurred on the date stated above, at 11 30 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Carcinoma of uterus	
Contributory causes of importance not related to principal cause:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) L. P. McCalla, M.D.

(Address) Bellingham Wash

S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency. 10562.