

0583

LOCAL FILE NUMBER

680 VITAL RECORDS
CERTIFICATE OF DEATH

146-8 3 06961

STATE FILE NUMBER

1. NAME FIRST, MIDDLE, LAST <i>Vida Irene WARD</i>				2. SEX <i>F</i>		3. DEATH DATE (MO DAY YR) <i>Mar. 3, 1983</i>		146-8 3 06961	
4. RACE (WHITE, BLACK, AM. IND. ETC. (SPECIFY)) <i>White</i>		5. AGE - LAST BIRTH DAY (YRS) <i>97</i>		6. UNDER 1 YEAR MOS. DAYS		7. UNDER 1 DAY HOURS MINS		8. BIRTHDATE (MO DAY YR) <i>Apr. 8, 1885</i>	
9. COUNTY OF DEATH <i>Spokane</i>				11. PLACE OF DEATH - <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input type="checkbox"/> HOME <input type="checkbox"/> INTRANSPORT <input type="checkbox"/> EMERG RM/OUT PTN <input type="checkbox"/> HOSP. <input checked="" type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE <i>Madison South Convalescent Center</i>		12. RECEIVED EMERGENCY CARE AMBULANCE, FIREFTR, PARAMED? <i>No</i>		13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY) <i>Missouri</i>	
14. CITIZEN OF WHAT COUNTRY <i>USA</i>		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Widowed</i>		16. SPOUSE (IF WIFE GIVE MAIDEN NAME) <i>Roy E. Ward</i>		17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) <i>No</i>		18. SOCIAL SECURITY NO. <i>522-09-1933 D</i>	
19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.) <i>Homemaker</i>				20. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>				21. RESIDENCE - NUMBER AND STREET <i>W. 2815 Lacrosse</i>	
22. CITY/TOWN, OR LOCATION <i>Spokane</i>				23. INSIDE CITY LIMITS? (YES/NO) <i>Yes</i>		24. COUNTY <i>Spokane</i>		25. STATE <i>Washington</i>	
26. FATHER - NAME FIRST, MIDDLE, LAST <i>Lewis Daniel David</i>				27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST <i>Sarah Catherine Surface</i>					
28. INFORMANT - NAME <i>Dorothy Ward</i>				29. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <i>W. 2815 Lacrosse Spokane Washington 99205</i>					
30. BURIAL, CREMATION REMOVAL, OTHER (SPECIFY) <i>Burial</i>		31. DATE (MO DAY YR) <i>Mar. 9, 1983</i>		32. CEMETERY/CREMATORY - NAME <i>Riverview Cemetery</i>		33. LOCATION - CITY/TOWN, STATE <i>Portland, Oregon</i>			
34. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		35. NAME OF FACILITY <i>Hazen & Jaeger Funeral Home</i>		36. ADDRESS OF FACILITY <i>N. 1306 Monroe Spokane, Washington 99201</i>					
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>X Richard Emtman</i>					41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>X</i>				
38. DATE SIGNED (MO DAY YR) <i>March 4, 1983</i>		39. HOUR OF DEATH (24 HRS) <i>1235</i>		42. DATE SIGNED (MO DAY YR)			43. HOUR OF DEATH (24 HRS)		
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					44. PRONOUNCED DEAD (MO DAY YR)			45. HOUR PRONOUNCED DEAD (24 HRS)	
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) <i>Richard Emtman, M. D. S. 511 Pine, Spokane, WA 99202</i>									
47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C)) (A) <i>CVA Cerebral Vascular Accident</i> DUE TO, OR AS A CONSEQUENCE OF: (B) <i>Arteriosclerosis Vascular Disease</i> DUE TO, OR AS A CONSEQUENCE OF: (C)								INTERVAL BETWEEN ONSET AND DEATH	
48. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.								49. AUTOPSY? (YES/NO) <i>No</i>	
51. ACC, SUICIDE, HOM. UNDET. OR PENDING INVEST. (SPECIFY)		52. INJURY DATE (MO DAY YR)		53. HOUR OF INJURY (24 HRS)		54. DESCRIBE HOW INJURY OCCURRED.			
55. INJURY AT WORK? (YES/NO)		56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)		57. LOCATION - STREET OR RFD NO. CITY/TOWN, STATE					
58. REGISTRAR SIGNATURE <i>X [Signature]</i>		59. DATE RECEIVED (MO DAY YR) <i>MAR 7 1983</i>							
FOR STATE REGISTRAR USE ONLY		60. ITEM DOCUMENTARY EVIDENCE:		REVIEWED BY: DATE:		ITEM DOCUMENTARY EVIDENCE:		REVIEWED BY: DATE:	