TE OF DEATH

t, so that the relative healthfulness of
ged 10 years or over. If the occupation
cupation prior to illness. If the deceased
gainfully employed may be returned as
usework, write housework in answer to
estic service for wages, however, desig-
ok—hotel, etc. For a person who had no

eo," "worker," "operative," etc. Find out

"store," "factory," "mill," etc. State the
n mill, etc.
riptive titles, as civil engineer, mechanical
n a more precise statement of the occupa-
tion, as carpenter, painter, machinist, etc.
rson who sells goods should be called a

complication which causes death, not the
he the disease or injury causing death. As
use and any important complication of the
pal cause, name other important diseases

Example II

Cause of Death and related ance in order of onset were	Date of onset
	1 week ago
t car	*1 week ago*
	3 days ago
AUSES of importance not related :	*6 weeks ago*

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

NTS BY PHYSICIAN

1. PLACE OF DEATH

Washington State Board of Health

Record No. 15

County of WHATCOM

City or Town of BELLINGHAM

BUREAU OF VITAL STATISTICS

Registered No. 17

CERTIFICATE OF DEATH

Registration Dist. No. M*1. No. ST JOSEPH HOSPITAL 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 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

1a. PLACE OF RESIDENCE: State WASHINGTON County WHATCOM

(If not same as place of death)

CITY OR TOWN BELLINGHAM No. 2733 ELDRIDGE AVE Street

2. FULL NAME FRANCIS L OESER 260

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ELEANOR M OESER

6. DATE of BIRTH (month, day, and year) JAN 17 1897

7. AGE Years 42 Months 0 Days 0 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CEDAN LBR CO

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BELLINGHAM WASH.

13. NAME HARRY OESER

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME ANNA CONNELLY

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT (Address) MRS ELEANOR M OESER

18. BURIAL, CREMATION, OR REMOVAL Place Bay View Cemetery Date Jan 20, 1939

19. UNDERTAKER (Address) BINGHAM DAHLQUIST FUNERAL HOME

20. FILED Jan 19, 1939 R. White Registrar

F. No. 825—1935. 5409.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-17-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 19 39 to Jan 17, 19 39

I last saw h alive on 1-17, 19 39, death is said to have occurred on the date stated above, at 9:10 P. M.

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

	Date of onset
Mesenteric Thrombosis with gangrene of Caecum and Ascending Colon and peritonitis	

Contributory causes of importance not related to principal cause:

Perf. Op - Appendectomy Retro cecal Jan 9. Fecal abscesses

Name of operation Appendectomy Date of Jan 9, 39

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? If so, specify

(Signed) Jno C Keegan, M. D.

(Address) Bellingham