WASHINGTON STATE DEPARTMENT OF HEALTH

STATE FILE NO. 10501

CERTIFICATE OF DEATH

REGISTRAR'S NO. 132

REG. DIST NO. 2-1

1. PLACE OF DEATH
a. COUNTY: Clallam
b. CITY, TOWN, OR LOCATION: Sequim
c. LENGTH OF STAY IN 1b: 6 yrs
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Sequim Valley Sanitorium
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Washington
b. COUNTY: Clallam
c. CITY, TOWN, OR LOCATION: Sequim
d. STREET ADDRESS: P.P. Box
e. IS RESIDENCE INSIDE CITY LIMITS? Yes [X] No [ ]
f. IS RESIDENCE ON A FARM? Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Eliza; Middle: B; Last: Lamkin

4. DATE OF DEATH: Month: 6; Day: 30; Year: 57

5. SEX: Male

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 21/1870

9. AGE (In years last birthday): 87

If Under 1 Year: Months / Days

If Under 24 Hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: No Record

14. MOTHER'S MAIDEN NAME: No Record

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.: None

17. INFORMANT: Ross Lamkin
Address: 4200

Dr Paddock

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 15 yr + mo
Conditions, if any, which give rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): Diverticulosis - Colostomy since admitted Sept 3-8-57

19. WAS AUTOPSY PERFORMED? Yes [ ] No [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY Ooccurred. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour: a. m. / p. m.; Month, Day, Year

JUL 8 1957

20d. INJURY OCCURRED While at work [ ] Not while at work [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 15, 57, to 6-29-57 and last saw her/him alive on 6-29-57
Death occurred at 5:30A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. E. Paddock M.D.

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 7/3/57

23c. NAME OF CEMETERY OR CREMATORY: Mt Angeles

23d. LOCATION (City, town, or county) (State): Port Angeles Clallam Wn

24. FUNERAL DIRECTOR ADDRESS: Harper Funeral Home

25. DATE REC'D BY LOCAL REG.: 7-2-57

26. REGISTRAR'S SIGNATURE: Jack L Snuder MD
Bertha E Hall

S. F. No. 7784—11-56—150M. 46986.