

TYPE, OR PRINT IN  
PERMANENT INK

## WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

27909

LOCAL FILE NUMBER M-1 423 CERTIFICATE OF DEATH

STATE FILE NUMBER

## DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED. IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

## PARENTS

## CAUSE

## CERTIFIER

## BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Sigrid		Amelia	WALLI	2. Female	3. December 12, 1971		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White	5a. 72	MOS.	DAYS	HOURS	MIN.	6. June 4, 1899	7a. Grays Harbor
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Aberdeen		7c. yes		7d. St. Joseph Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Finland		9. U.S.A.		10. Married		11. Samuel Walli	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 536-24-8625		13a. Seamstress		13b. Clothing			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER	
14a. Washington	14b. Grays Harbor	14c. Aberdeen		14d. yes		14e. 205 E. Third St.	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
15. Junker				16. Unknown			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Earl Silva				17b. Rt. 1, Box 742, Centralia, Wash. 98531			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE							
(a) Coronary Occlusion							minutes
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Hypertension							months
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							AUTOPSY (YES OR NO)
							19a. no
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH							19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.	20b.		20c. M.		20d.		
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20a.	20f.		20g.				
CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON
1. ATTENDED THE DECEASED FROM							MONTH DAY YEAR
21a. DECEASED FROM							21c.
CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD	
22a.				6:05 P.M.		21d. Did	
21b. 6:05 P.M.				21d. December 12, 1971		21e. 6:05 P.M.	
CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE		DEGREE OR TITLE	
23a. Harold Schmid, Coroner				23b. H. M. Schmid		23c. 12/13/71	
MAILING ADDRESS—CERTIFIER				CITY OR TOWN		STATE	
23d. P. O. Box 26, Aberdeen, Washington 98520				23e.		23f.	
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME			LOCATION		CITY OR TOWN	
24a. Burial	24b. Fern Hill Cemetery			24c. Aberdeen,		24d. Washington	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24d. Dec. 14, 1971	24e. Fern Hill Funeral Home, P. O. Box 22, Aberdeen, Wash.						
FUNERAL DIRECTOR—SIGNATURE				REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. [Signature]				25b. [Signature]		25c. DEC 14 1971	