

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Physicians should state cause of death in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

WASHINGTON STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Record No. 21
File No. 1341
Registered No. 5

County of Whaleton
Town of Tumalo
City of _____

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
Full Name Joseph Cross (No. 200)

[If death occurred in a Hospital or Institution, give the NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR B
DATE OF BIRTH Mar - 3/15 1851
(Month) (Day) (Year)
AGE 78 years, 10 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
BIRTHPLACE (State or country) Ohio
NAME OF FATHER Geo. Cross
BIRTHPLACE OF FATHER (State or country) Ohio
MAIDEN NAME OF MOTHER Hannah Ferguson
BIRTHPLACE OF MOTHER (State or country) Scotland
OCCUPATION Retired Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo. Cross
(Address) Tumalo
Filed 19.10 Registrar Costbrook

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 8 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 27 1909, to Feb. 8 1910
that I last saw him alive on Feb. 8 1910
and that death occurred, on the date above, at 10.30
A. M. The CAUSE OF DEATH was as follows:
Senility

Contributory Cerebral hemorrhage (Duration) _____ Days
(Signed) E. P. Blee M. D. (Duration) 3 years
Feb. 5, 1910 (Address) Tumalo, Wn.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.
Former or Usual Residence _____
How Long at Place of Death? _____
Where was Disease Contracted? _____

PLACE OF BURIAL OR REMOVAL Enterprise Wn. DATE OF BURIAL Feb. 11 1910
UNDERTAKER Wm. J. Tumalo ADDRESS _____