

WASHINGTON STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NO. 23007

REGISTRAR'S NO. 408

REG. DIST NO. 12-1

1. PLACE OF DEATH

a. COUNTY Whatcom

b. CITY, TOWN, OR LOCATION

Bellingham

c. LENGTH OF STAY IN 1b 15 days

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

St. Joseph's Hospital

e. IS PLACE OF DEATH INSIDE CITY LIMITS?

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

WALTER

First

Middle

Last

TELGENHOFF

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/27/1882

9. AGE (In years last birthday)

76

If Under 1 Year Months Days

If Under 24 Hrs. Hours Min.

4. DATE OF DEATH

Nov. 30, 1958

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

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (State or foreign country)

Holland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Telgenhoff

14. MOTHER'S MAIDEN NAME

Lena Youngdyk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

no

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Gertrude Burgraff Bx. 110, Lynden, Wn.

18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which give rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Coronary Insufficiency  
Chronic Myocarditis - Arteriosclerosis  
Prostate Hypertrophy - Polypoid Hemorrhoids

INTERVAL BETWEEN ONSET AND DEATH

Several Days

several yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (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

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 11/17/57 to 11/30/58 and last saw her alive on 11/30/58

22a. SIGNATURE

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/3/1958

23c. NAME OF CEMETERY OR CREMATORY

Monumenta Cemetery

23d. LOCATION (City, town, or county)

Lynden, Wash.

22c. DATE SIGNED

12/3/58

24. FUNERAL DIRECTOR

ADDRESS

Gillies Funeral Home, Lynden, Wn.

25. DATE REC'D BY

DEC 3 1958

26. REGISTRAR'S SIGNATURE

MEDICAL CERTIFICATION

DEC 15 1958