DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

WASHINGTON STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

4703 State File No. 1845
Registrar's No. 1890

PLACE OF DEATH:
(a) County SPOKANE
(b) City or town SPOKANE (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: ARMSTRONG'S SANITARIUM (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution 30 days (Specify whether)
In this community (Years, months or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State WASH. (b) County SPOKANE
(c) City or town SPOKANE (If outside city or town limits, write RURAL)
(d) Street No. 408 S. CONKLIN ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 YRS years

(a) FULL NAME Mrs. MARIE WILSON
3. (c) Social Security Number NONE

(b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? NO Name of organization in which such service was rendered:
Rank Period of service

Sex	5. Color or race	6(a) Single, widowed, married, divorced
FEMALE	WHITE	WIDOWED

(b) Name of husband or wife ROY
6(c) Age of husband or wife if alive years

Birth date of deceased NOVEMBER (Month) 3 (Day) 1868 (Year)

AGE: Years	Months	Days	If less than one day
75	1	17	hr. min.

Birthplace (City, town or county) NORWAY (State or foreign country)
Usual occupation HOUSEWIFE
Industry or business
12. Name LARS BENTSEN
13. Birthplace (UNKNOWN) (City, town, or county) NORWAY (State or foreign country)
14. Maiden name ANNA THOMPSON
15. Birthplace (UNKNOWN) (City, town, or county) NORWAY (State or foreign country)
HOSPITAL RECORDS
(a) Informant's own signature R. E. Nelson
(b) Address 121 E. 4th Spokane Wn
(a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 23 43 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRMOUNT
(a) Signature of funeral director Hill-Carey Funeral Home
(b) Address SPOKANE, WASH.
(a) 12/22/43 (b) Kennifred McPherson (Registrar's signature)
(Date received local registrar)
127—8-19-40—15M. 19892.

MEDICAL CERTIFICATION

20. Date of death: Month December day 20
year 1943 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Sept. 27, 1943, to Dec. 19, 1943; that I last saw her alive on Dec. 18, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ~~Uremia~~	Few days
Due to Chronic nephritis	Years
Due to	
Other conditions (Include pregnancy within 3 months of death) Fract. of surgical neck of left humerus 9/24/43	

Major findings:
Of operations - -
Of autopsy - -

Physician — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 9-24-43
(c) Where did injury occur? Spokane (City or town) Spokane (County) Wash. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? not known (e) Means of injury fall

23. Signature R. E. Ahlquist (M. D. or ~~Other~~)
Address Spokane, Wash. Date signed 12/20/43