

S. F. No. 825—1931. Approved as to Form by Dept. of Efficiency. 2251.

PLACE OF DEATH

Washington State Board of Health

39

County of Whatcom

BUREAU OF VITAL STATISTICS

Record No. ....

City or Town of Blaine

CERTIFICATE OF DEATH

Registered No. ....

Registration Dist. No. 12 No. 500  
(If death occurred in hospital or institution, give its NAME instead of street and number)

2. FULL NAME Margaret C. Snow

(a) Residence No. P.O. Blaine St.;  
(Usual place of abode)

(b) If non-resident, give city or town, and state

(c) How long in Registration Dist. 12 yrs. .... mos. .... ds.; how long in U. S. if of foreign birth .... yrs. .... mos. .... ds.

Personal and Statistical Particulars

Medical Certificate of Death

3. Sex F. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (Write the word) Widowed

16. Date of death Feb 21, 1928  
(Month) (Day) (Year)

5. (a) If married, widowed or divorced: Husband of or Wife of Joseph Snow

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1928, to Feb 21, 1928

6. Date of birth November 4, 1849  
(Month) (Day) (Year)

that I last saw her alive on Feb 21, 1928 and that death occurred on the date stated above, at 90 m. (State the disease causing death, or in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL).

7. Age 79 yrs. 3 mos. 17 ds. hrs. V or min. V  
If less than one day

The CAUSE OF DEATH was as follows: (Primary) Valvular heart disease with loss of compensation

8. Occupation of deceased: (a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)

(Duration) yrs. 6 mos. .... ds.  
CONTRIBUTORY (Secondary) (Duration) yrs. .... mos. .... ds.

(c) Name of employer

9. Birthplace (City or town) Morgan County  
(State or country) Tennessee

18. Where was disease contracted if not at the place of death?

10. Name of Father Isaac Layman  
11. Birthplace of Father (City or town) Missouri  
(State or Country)  
12. Maiden name of Mother  
13. Birthplace of Mother (City or town) V  
(State or Country)

(a) Did an operation precede death? no Date of

(b) Was there an autopsy? no

(c) What test confirmed diagnosis? Stethoscope exam  
(Signed) Carl C Hill M. D.  
Blaine, 1928 Address Blaine Ind.

14. Informant J. T. Snow  
Address P.O. Blaine

19. Place of Burial, Cremation or Removal Windsor Wash Date of Burial Feb 24, 1928  
Removal

16. Filed Feb 23, 1928 Ma W. B. Humell Registrar.

20. Undertaker E. C. Purdy & Son Address Blaine

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions (Insert numbers of unanswered questions) E. C. Purdy & Son Blaine  
(Signature of Undertaker)

PHYSICIANS  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

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