Mail or Deliver This Certificate to Your Local Registrar. Not to the State Board of Health.

WASHINGTON STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 109
File No. 4376
Registered No. 118

PLACE OF DEATH
County of Whatcom
City or Town of Bellingham
Registration Dist. No. ____ (No. 2512, Humboldt St.; ____ Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Pauline Smith

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

Personal and Statistical Particulars

3 Sex: female
4 Color or Race: white
5 Single, Married, Widowed, or Divorced (Write the word): Married

6 Date of Birth: March 17, 1874 (Month) (Day) (Year)

7 Age: 41 yrs. 1 mos. 16 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

9 Birthplace (State or country): Norway

PARENTS

10 Name of Father: M. C. Hansen
11 Birthplace of Father (State or country): Norway
12 Maiden name of Mother: Olia Peterson
13 Birthplace of Mother (State or country): Norway

14 The above is true to the best of my knowledge
(Informant) Arthur C. Hanlon
(Address) Bellingham Wash.

15 Filed May 5, 1915 W. H. Ballam, Registrar.

530 Medical Certificate of Death

16 Date of Death: May 3, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1915, to April 30, 1915, that I last saw her alive on April 30, 1915, and that death occurred, on the date above, at 2:15 p.m.
The CAUSE OF DEATH* was as follows:

Carcinomia of uterus

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) M. F. Kear, M. D.
5/4, 1915 (Address) Bellingham

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents)
At Place of death 6 yrs. 0 mos. 0 ds. In the State 14 yrs 0 mos. 0 ds.
Where was disease contracted, if not at place of death? At Place of death
Former or usual residence Same

19 Place of Burial or Removal: Bay View Cemetery — Date of Burial: May 5, 1915

20 Undertaker: Harlow & Pennington — Address: Elk St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the rela-

disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular*