Dominant 44

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH
County of Grays Harbor — Record No.
City or Town of Hoquiam — Registered No. 48
Registration Dist. No. M-2 — No. 332 Chenault Ave., St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

1a. PLACE OF RESIDENCE: State County
(If not same as place of death)
CITY OR TOWN No. Street

2. FULL NAME James W. Snow 500

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna M. Snow

7. DATE of BIRTH (month, day, and year): Jan-16-1874

8. AGE — Years: 62 — Months: 2 — Days: 19 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Operator of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Furniture store
10. Date deceased last worked at this occupation (month and year): March 1936
11. Total time (years) spent in this occupation: 18

12. BIRTHPLACE (city or town) (State or country): Oakdale, Tenn.

FATHER
13. NAME: Joseph Snow
14. BIRTHPLACE (city or town) (State or country): Tenn.

MOTHER
15. MAIDEN NAME: Margaret Lamantz
16. BIRTHPLACE (city or town) (State or country): Tenn.

17. INFORMANT (Address): Mrs. Anna Snow, Hoquiam, Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place: Hoquiam, Wash. Date: 4/8/36, 19

19. UNDERTAKER (Address): Pinnick Mortuary, Hoquiam, Wash.

20. FILED: Apr. 8, 1936 E. C. Martin, Registrar

F. No. 825—1935. 5409.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr-5-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/25, 1936 to 4/5, 1936
I last saw him alive on 4/5, 1936 Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Cerebral Hemorrhage	3/26/36

Contributory causes of importance not related to principal cause:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible]