

OR PRINT IN  
PERMANENT INK

LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED

RESIDENCE  
OF DECEASED  
IF DEATH  
OCCURRED IN  
TOWN, GIVE  
PRECISE BEFORE  
SECTION.

PARENTS

CAUSE

CERTIFIER

BURIAL

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| DECEASED—NAME<br>1. Genee Faye Knott   |   | FIRST MIDDLE LAST  |  | SEX<br>2. female   | DATE OF DEATH (MONTH, DAY, YEAR)<br>3. Sept. 29, 1970  |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)<br>4. white   | AGE—LAST BIRTHDAY (YEARS)<br>5a. 60   | UNDER 1 YEAR<br>5b. MOS. DAYS  | UNDER 1 DAY<br>5c. HOURS MIN.  | DATE OF BIRTH (MONTH, DAY, YEAR)<br>6. Mar. 10, 1910             | COUNTY OF DEATH<br>7a. Whatcom   |
| CITY, TOWN, OR LOCATION OF DEATH<br>7b. Bellingham   |   | INSIDE CITY LIMITS (SPECIFY YES OR NO)<br>7c. yes  | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)<br>7d. Alderwood Manor Rest Home |  |  |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)<br>8. Wash.  | CITIZEN OF WHAT COUNTRY<br>9. U.S.  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)<br>10. married                                       |  | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)<br>11. Arthur Knott |  |
| SOCIAL SECURITY NUMBER<br>12. not avail.   |   | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)<br>13a. housewife |  | KIND OF BUSINESS OR INDUSTRY<br>13b. homemaker                   |  |
| RESIDENCE—STATE<br>14a. Wash.  | COUNTY<br>14b. Whatcom  | CITY, TOWN, OR LOCATION<br>14c. Blaine   |  | INSIDE CITY LIMITS (SPECIFY YES OR NO)<br>14d. yes               | STREET AND NUMBER<br>14e. Route 1, Box 3   |
| FATHER—NAME<br>15. Gary Hodge  |   |  | MOTHER—MAIDEN NAME<br>16. Louise Kindred   |  |  |
| INFORMANT—NAME<br>17a. Arthur Knott  |   |  | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)<br>17b. Route 1, Box 3, Blaine, Wash. 98230   |  |  |
| PART I. DEATH WAS CAUSED BY:<br>(a) <i>Metastatic Carcinoma Breast-Brain Lung several months</i><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(b) <i>breast cancer</i><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(c) <i>Carcinoma Right Breast Metastatic</i> |   |  |  |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH<br><i>Since 4/5/66</i>  |
| PART II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)   |   |  |  |  | AUTOPSY (YES OR NO)<br>19a. no   |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)<br>20a.   | DATE OF INJURY (MONTH, DAY, YEAR)<br>20b.   | HOUR<br>20c.   | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)<br>20d.                             |  |  |
| INJURY AT WORK (SPECIFY YES OR NO)<br>20e.   | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)<br>20f.  | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)<br>20g.   |  |  |  |
| OCT 7 1970   |   |  |  |  |  |
| CERTIFICATION—PHYSICIAN:<br>1. ATTENDED THE DECEASED FROM<br>21a. 12/1/66 TO 9/29/70   | MONTH DAY YEAR  | MONTH DAY YEAR   | AND LAST SAW HIM/HER ALIVE ON<br>21c. 9/25/70  | 1. DID NOT VIEW THE BODY AFTER DEATH.<br>21d. did not            | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.<br>21e. 7:15p.m. |
| CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.<br>22a.   |   |  |  |  |  |
| CERTIFIER—NAME (TYPE OR PRINT)<br>23a. Eric C. Johnson, M.D.   |   | SIGNATURE<br>23b. <i>Eric C. Johnson</i>   |  | DATE SIGNED (MONTH, DAY, YEAR)<br>23c. 1/20/70                   |  |
| MAILING ADDRESS—CERTIFIER<br>23d. Herald Building, Bellingham, Wash. 98225   |   | STREET OR R.F.D. NO. CITY OR TOWN  |  | STATE  | ZIP  |
| BURIAL, CREMATION, REMOVAL (SPECIFY)<br>24a. Cremation   | CEMETERY OR CREMATORY—NAME<br>24b. Skagit Memorial Park   |  | LOCATION CITY OR TOWN STATE<br>24c. Mt. Vernon, Wash.  |  |  |
| DATE (MONTH, DAY, YEAR)<br>24d. Oct. 2, 1970   | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)<br>25a. McKinney Funeral Home, Inc., Blaine, Wash. 98230 |  |  |  |  |
| FUNERAL DIRECTOR—SIGNATURE<br>25b. <i>L. D. Veraske</i>  | REGISTRAR—SIGNATURE<br>26a. <i>[Signature]</i>  |  | DATE RECORDED BY LOCAL REGISTRAR<br>26b. OCT 1 1970  |  |  |